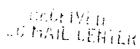
FEC FORM 2 STATEMENT OF CANDIDACY



LIDOSAV NICOLA SIMMONE			3 HHII: 39	
Lindsey Nicole Simmons (b) Address (number and street) PO Box 413	ddress (number and street)		2. FEC Candidate Identification Number	
(c) City, State, and ZIP Code Hallsville MO 65255			3. Is This New Amended Statement (N) OR (A)	
Party Affiliation Democratic	5. Office Sought House of Representatives	6. State & Dist Missouri, D	rict of Candidate District 04	
D	ESIGNATION OF PRINCIPAL	L CAMPAIG	N COMMITTEE	
7. I hereby designate the following na	amed political committee as my Principal	l Campaign Comr	nittee for the 2020 election(s).	
	filed with the appropriate office listed in	the instructions.	, , , , , , , , , , , , , , , , , , ,	
(a) Name of Committee (in full)				
Friends of Lynz				
(b) Address (number and street)				
PO Box 413				
(c) City, State, and ZIP Code				
Hallsville MO 652	255			
D	ESIGNATION OF OTHER AU			
I hereby authorize the following na candidacy.	(Including Joint Fundrais	ing Representativ		
8. I hereby authorize the following na candidacy. NOTE: This designation should be	(Including Joint Fundrais	ing Representativ	es)	
I hereby authorize the following na candidacy. NOTE: This designation should be	(Including Joint Fundrais	ing Representativ	es)	
8. I hereby authorize the following na candidacy. NOTE: This designation should be (a) Name of Committee (in full)	(Including Joint Fundrais	ing Representativ	es)	
8. I hereby authorize the following national candidacy. NOTE: This designation should be (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code	(Including Joint Fundrais	ing Representativ	es)	
(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code	(Including Joint Fundrais	ing Representativ	es) nmittee, to receive and expend funds on behalf of my	
(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have example of Candidate	(Including Joint Fundrais) amed committee, which is NOT my princi e filed with the principal campaign commi	ing Representativipal campaign consistee.	nmittee, to receive and expend funds on behalf of my nd belief it is true, correct and complete.	
(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have example of Candidate	(Including Joint Fundrais) amed committee, which is NOT my princi e filed with the principal campaign commi	ing Representativipal campaign consistee.	nmittee, to receive and expend funds on behalf of my and belief it is true, correct and complete. Date 10-01-2019	

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

Page	of	

DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

	(a) Name of Committee (in full)
	(b) Address (number and street)
8.	(c) City, State, and ZIP Code
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.
Ì	(a) Name of Committee (in full)
! •	(b) Address (number and street)
}	(c) City, State, and ZIP Code
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full)
	(b) Address (number and street)
	(c) City, State, and ZIP Code
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.
	(a) Name of Committee (in full)
	(b) Address (number and street)

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VILLE, MO

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INSURANCE INCLUDED *

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Washington DC 20463 1050 First Street NE Federal Election Commissions 1050 First Street NE

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Hand Dalivered	Date of Receipt
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Postmarked USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
To Hope Delegate Mail	Postmarked
USPS Priority Mail	10-1-19
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery
Received from House Records & Registrat	Date of Receipt ion Office
Received from Senate Public Records Offi	Date of Receipt ce
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
	10-3-19
PREPARER	DATE PREPARED
(3/2015)	