

FEC FORM 2

STATEMENT OF CANDIDACY

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

17 SEP 29 PM 12:10

1. (a) Name of Candidate (in full) B. Courtland Sykes		2. FEC Candidate Identification Number
(b) Address (number and street) 9738 E Winner Rd		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code Independence, MO 64052		
4. Party Affiliation Rep	5. Office Sought U.S. Senate	6. State & District of Candidate Missouri

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.


(a) Name of Committee (in full) Courtland Sykes for Senate
(b) Address (number and street) PO Box 8526
(c) City, State, and ZIP Code Springfield, MO 65801

DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)

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

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate 	Date 9/25/17
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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201709290200280876

PRESS FIRMLY TO SEAL.

PRESS FIRMLY TO SEAL



20013

U.S. POSTAGE
INDEPENDENCE, MO
SEP 28 11 17
AMOUNT
\$23.75
R2304N117321-12

PRIORITY MAILTM EXPRESSTM

BEST SERVICE IN THE U.S.

led by CAS2
Post Office
2009

SED INTERNATIONALLY,
TOMS DECLARATION
MAY BE REQUIRED.



SEP 2013 OD: 12.5 X 9.5



WRITE FIRMLY WITH BALL POINT PEN ON HARD SURFACE TO MAKE ALL COPIES LEGIBLE

CUSTOMER USE ONLY
FROM: (PLEASE PRINT) PHONE: 1-234-5678

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

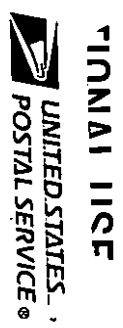
- SIGNATURE REQUIRED Note: The sender must check the "Signature Required" box if the recipient requires the addressee's signature. OR 2) Purchases additional tracking service; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will have the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.
- No Saturday Delivery (delivered next business day)
- Sunday/Holiday Delivery Required (additional fee, where available)
- 10:30 AM Delivery Required (additional fee, where available)
- Refer to USPS.com or local Post Office for availability.

TO: (PLEASE PRINT) PHONE: () - () - ()

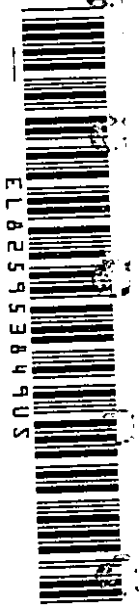
ZIP & (U.S. ADDRESSES ONLY)

- For pickup or USPS Tracking™ visit USPS.com or call 800-222-1811.
- \$100.00 Insurance Included.

ORIGIN (POSTAL SERVICE USE ONLY)



FINAL PRICE
PRIORITY MAILTM EXPRESSTM



EL625953849US

<input checked="" type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> Military	<input type="checkbox"/> DPO
PO ZIP Code	Scheduled Delivery Date (MM/DD/YYYY)	Postage	
101050	9-27-17	\$23.75	
Date Accepted (MM/DD/YYYY)	Scheduled Delivery Time	Insurance Fee	COD Fee
9-27-17	<input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input type="checkbox"/> 12 NOON	\$	\$
Time Accepted	10:30 AM Delivery Fee	Return Receipt Fee	Live Animal Transportation Fee
10:30 AM	\$	\$	\$
Special Handling/Fragile	Sunday/Holiday Premium Fee	Total Postage & Fees	
	\$	\$23.75	
Weight	Flat Rate	Accompanied Employee Invoice	
	<input checked="" type="checkbox"/> Flat Rate		
DELIVERY (POSTAL SERVICE USE ONLY)	DELIVERY (POSTAL SERVICE USE ONLY)	DELIVERY (POSTAL SERVICE USE ONLY)	DELIVERY (POSTAL SERVICE USE ONLY)
Delivery Attempt (MM/DD/YYYY) Time	Delivery Attempt (MM/DD/YYYY) Time	Employee Signature	Employee Signature
9-27-17 AM			
Delivery Attempt (MM/DD/YYYY) Time	Delivery Attempt (MM/DD/YYYY) Time	Employee Signature	Employee Signature

UNITED STATES POSTAL SERVICE
FIRST CLASS PERMIT NO. 1000 INDEPENDENCE, MO
2013 OCTOBER 31
PSN 7590-02-900-9998
3-ADDRESSEE COPY

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Date of Receipt Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL **9/26/17**
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

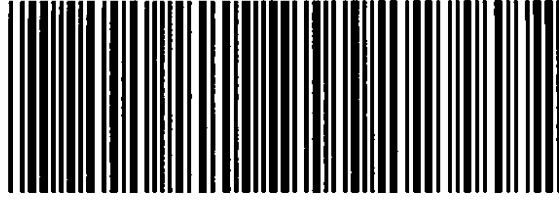
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER **MW** DATE PREPARED **9/29/17**

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SEN PATCH



SEN PATCH

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