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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)							
	INCE, CECIL, A, , (b) Address (number and street) 526 S BELCREST AVE	☐ Check if address changed				Candidate's FEC Identification Number P60006277		
	(c) City, State, and ZIP Code					3. Is This No	ew Amended	
	SPRINGFIELD	MO 65802)2	Statement (N	I) OR (A)	
4.	Party Affiliation	5. Office Soug			6. State & Dist	rict of Candidate		
	LIBERTARIAN	Presidenti	aı					
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 (year of election) election(s).							
	NOTE: This designation should be filed with the appropriate office listed in the instructions.							
	(a) Name of Committee (in full) CECIL INCE 2020							
	(b) Address (number and street) 526 S. BELCREST AVE.							
	(c) City, State, and ZIP Code							
	SPRINGFIELD				MO	65802		
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.								
	gnature of Candidate					Date		
In	ce, Cecil, A, Restore Li,			[Elec	tronically Filed]	01/15/2018		
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.								
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FEC FORM 2 (REV. 02/2009)