

Image# 201703039050599407

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) MARSHALL, ROGER W, , ,			2. Candidate's FEC Identification Number H6KS01179	
(b) Address (number and street) 4501 QUAIL CREEK DRIVE		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code GREAT BEND KS 67530		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate KS 01		

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) KANSANS FOR MARSHALL		
(b) Address (number and street) PO BOX 1588		
(c) City, State, and ZIP Code GREAT BEND KS 67530		

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) Team Marshall		
(b) Address (number and street) PO Box 26141		
(c) City, State, and ZIP Code Alexandria VA 22313		

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 MARSHALL, ROGER W, , , <i>[Electronically Filed]</i>	Date 03/03/2017
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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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DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

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)

FRESHMAN AGRICULTURAL REPUBLICAN MEMBERS TRUST AKA FARM TRUST

(b) Address (number and street)

PO BOX 30844

(c) City, State and ZIP Code

BETHESDA

MD

20824

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

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[ADDITIONAL]

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