Image# 201809259124240424 PAGE 1 / 3

FEC FORM 2

STATEMENT OF CANDIDACY

4							
١.	(a) Name of Candidate (in full) Davis, Paul, T., ,						
	(b) Address (number and street)	□ Cho	ok if addraga	ahanaad		2. Candidate's FEC Ident	tification Number
	PO Box 944	☐ Check if address changed		H8KS02173	uncation Number		
	(c) City, State, and ZIP Code					3. Is This Nev	
	Lawrence		KS	66044	4	Statement (N)	OR X (A)
4.	Party Affiliation	5. Office Sought			6. State & Dist	ct of Candidate	
	DEMOCRATIC PARTY	House			KS	02	
	DE	SIGNATION	OF PRIN	ICIPAL	CAMPAIGN	COMMITTEE	
7.	I hereby designate the following nar	ned political comm	nittee as my	Principal C	Campaign Comn	ittee for the 2018 (year of electi	election(s).
	NOTE: This designation should be f	led with the appro	priate office	listed in th	ne instructions.		
	(a) Name of Committee (in full)						
	Paul Davis for Kans	as					
	(b) Address (number and street) PO Box 944						
	(c) City, State, and ZIP Code						
	Lawrence				KS	66044	
	DE	SIGNATION	OF OTH	FR AUT	TUODIZED	COMMITTEES	
		(Incl	uding Joint F		g Representative		
	I hereby authorize the following nam candidacy.	·		Fundraisin	g Representative	s)	end funds on behalf of my
	•	ed committee, wh	nich is NOT r	Fundraising	g Representativ	s)	end funds on behalf of my
	candidacy. NOTE: This designation should be f	ed committee, wh	nich is NOT r	Fundraising	g Representativ	s)	end funds on behalf of my
	candidacy.	ed committee, wh	nich is NOT r	Fundraising	g Representativ	s)	end funds on behalf of my
	candidacy. NOTE: This designation should be find the finding of the committee (in full)	ed committee, wh	nich is NOT r	Fundraising	g Representativ	s)	end funds on behalf of my
	candidacy. NOTE: This designation should be for a Majority (b) Address (number and street)	ed committee, wh	nich is NOT r	Fundraising	g Representativ	s)	end funds on behalf of my
	candidacy. NOTE: This designation should be fi (a) Name of Committee (in full) MA for a Majority (b) Address (number and street) 919 Pennsylvania Avenue	ed committee, wh	nich is NOT r	Fundraising	g Representativ	s)	end funds on behalf of my
	candidacy. NOTE: This designation should be fi (a) Name of Committee (in full) MA for a Majority (b) Address (number and street) 919 Pennsylvania Avenue (c) City, State, and ZIP Code Washington	led committee, wh	pal campaig	Fundraising	g Representative	s) mittee, to receive and exp	
	candidacy. NOTE: This designation should be fi (a) Name of Committee (in full) MA for a Majority (b) Address (number and street) 919 Pennsylvania Avenue (c) City, State, and ZIP Code Washington	led committee, wh	pal campaig	Fundraising	g Representative	s) mittee, to receive and expo	
Siç	candidacy. NOTE: This designation should be five formula of the f	led committee, wh	pal campaig	Fundraising my principa n committee	g Representative	s) mittee, to receive and exposite and exposite and exposite and exposite and exposite and exposite and belief it is true, correct and belief it is true, correct and	
Siç Da	candidacy. NOTE: This designation should be fi (a) Name of Committee (in full) MA for a Majority (b) Address (number and street) 919 Pennsylvania Avenue (c) City, State, and ZIP Code Washington I certify that I have example of Candidate	led committee, wheled with the princi	pal campaig	Fundraising my principa n committe ne best of the	g Representative al campaign con ee. DC my knowledge aronically Filed]	s) mittee, to receive and expensive and expensive and expensive and expensive and belief it is true, correct at Date 09/25/2018	and complete.
Siç Da	candidacy. NOTE: This designation should be five formula of the f	led committee, wheled with the princi	pal campaig	Fundraising my principa n committe ne best of the	g Representative al campaign con ee. DC my knowledge aronically Filed]	s) mittee, to receive and expensive and expensive and expensive and expensive and belief it is true, correct at Date 09/25/2018	and complete.

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

Paga	2 of	3
Page	− OT	U

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)					
	NewDem Future Progress Fund					
	(b) Address (number and street) 700 13th Street, NW Suite 600					
	(c) City, State, and ZIP Code					
	Washington	DC	20003			
8.	. I hereby authorize the following named committee, which is NOT my principal candidacy. NOTE : This designation should be filed with the principal campa		mmittee, to receive and expend funds on behalf of my			
	(a) Name of Committee (in full) Committee for Midwest Priorities					
	(b) Address (number and street) PO Box 83142					
	(c) City, State, and ZIP Code					
	Gaithersburg	MD	20883			
8.	I hereby authorize the following named committee, which is NOT my principal candidacy. NOTE: This designation should be filed with the principal campaid. (a) Name of Committee (in full) Digidems Committee		mmittee, to receive and expend funds on behalf of my			
	(b) Address (number and street) 8391 Beverly Blvd, Suite 863					
	(c) City, State, and ZIP Code					
	Los Angeles	CA	90048			
8.		by authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my dacy. NOTE : This designation should be filed with the principal campaign committee.				
	(a) Name of Committee (in full) House Victory Project					
	(b) Address (number and street) 918 Pennsylvania Ave SE					
	(c) City, State, and ZIP Code					
	Washington	DC	20003			

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

Page ___3 **of** _3__

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)							
	Paul Davis Victory Fund							
	(b) Address (number and street) PO Box 1914							
	(c) City, State, and ZIP Code							
	Topeka KS 66601							
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							
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	(b) Address (number and street)							
	(c) City, State, and ZIP Code							
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	(a) Name of Committee (in full)							
	(b) Address (number and street)							
	(c) City, State, and ZIP Code							