PAGE 1 / 1

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FEC FORM 2

STATEMENT OF CANDIDACY

_	() N () () () () () () () () (
1.	(a) Name of Candidate (in full)										
	Watkins, Steve, , ,		de e el est e el el e			0.0		. ((f) = - () =)	VI		
	(b) Address (number and street) 6021 SW 29th Street Suite A, Box 150	☐ Check if address changed				Candidate's FEC Identification Number H8KS02199					
	(c) City, State, and ZIP Code			3. Is This				Amended			
	Topeka	KS 66614				Statem	ent X (N) OR	(,	A)	
4.	Party Affiliation	5. Office Soug	jht		6. State & Dist	rict of Candid	ate				
	REPUBLICAN PARTY	House			KS	02					
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE											
7.	. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 (year of election)										
	NOTE: This designation should be filed with the appropriate office listed in the instructions.										
	(a) Name of Committee (in full)										
Committee to Elect Steve Watkins											
	(b) Address (number and street)										
	6021 SW 29th Street										
	Suite A, Box 150										
	(c) City, State, and ZIP Code										
	Topeka				KS	66614					
DESIGNATION OF OTHER AUTHORIZED COMMITTEES											
		(Including Joir	nt Fundraisin	g Representativ	res)					
8.	I hereby authorize the following nan	ned committee,	which is NO	T my princip	al campaign con	nmittee, to red	ceive and exp	pend funds	s on beha	If of my	
	candidacy.										
	NOTE: This designation should be	iilad with the pr	incinal compa	ian aammitt	00						
NOTE: This designation should be filed with the principal campaign committee.											
	(a) Name of Committee (in full)										
	(b) Address (number and street)										
	(a) City State and ZID Code										
	(c) City, State, and ZIP Code										
	I certify that I have exa	mined this Sta	tement and to	the best of	my knowledge a	and belief it is	true, correct	and comp	lete.		
Si	gnature of Candidate					Date					
Watkins Steve						11/07/201	17				
				[Elec:	tronically Filed]	11/01/201	' '				
Nr.	DTE: Submission of false erroneous	or incomplete	information n	nav suhiect t		ng this Statem	nent to penal	ties of 211	S.C. 8437		
NC	DTE: Submission of false, erroneous	, or incomplete	information n	nay subject t		ng this Statem	nent to penal	ties of 2 U.	.S.C. §437	7 g.	
NO	DTE: Submission of false, erroneous	, or incomplete	information n	nay subject t		ng this Statem	nent to penal	ties of 2 U.	.S.C. §437	⁷ g.	
NO	DTE: Submission of false, erroneous	, or incomplete	information n	nay subject t		ng this Statem	nent to penal	ties of 2 U.	.S.C. §437	7 g.	

FEC FORM 2 (REV. 02/2009)