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FEC FORM 2

STATEMENT OF CANDIDACY

| 1. (a) Name of | | n full) | | | | | | | | | | |
|---|----------------------------|-----------|-------------------------------|----|------------------------|----------------|---|------------|------|--|---------|--|
| Davids, Sharice, , , (b) Address (number and street) ☐ Check if address changed | | | | | | | | | | | | |
| | s (number and aenen St. | l street) | ☐ Check if address changed | | | | Candidate's FEC Identification Number H8KS03155 | | | | | |
| (c) City, Sta | ite, and ZIP C | ode | | | | | 3. Is This | | ew | | Amended | |
| Shawnee | | | | KS | 6621 | 6 | Staten | nent X (N |) OR | | (A) | |
| 4. Party Affiliat | | I | Office Soug | ht | | 6. State & Dis | trict of Candid | date | | | | |
| DEMOCRA | ATIC PART | ′ | House | | | KS | 03 | | | | | |
| 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) SHARICE FOR CONGRESS | | | | | | | | | | | | |
| (b) Address (number and street) | | | | | | | | | | | | |
| 13851 W. 63RD ST. NUM 303 | | | | | | | | | | | | |
| | ite, and ZIP C | 'odo | | | | | | | | | | |
| . , , | | oue | | | | | | | | | | |
| SHAV | VNEE | | | | | KS | 66216 |) | | | | |
| (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 | | | | | |
| Davids, Sharice, , , | | | | | [Electronically Filed] | | | 02/16/2018 | | | | |
| 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)