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FEC FORM 2

STATEMENT OF CANDIDACY

| 1. | (a) Name of Candidate (in full) | | | | | _ | | | |
|---|---|--------------------------------|--------------|--------------|-------------------|---|------------------|-------------|--|
| | Adkins, Amanda, , , | | | | | 100 111 | | | |
| | (b) Address (number and street) PO Box 24085 | et) ☐ Check if address changed | | | | Candidate's FEC Identification Number H0KS03236 | | | |
| | City, State, and ZIP Code | | | | 3. Is This | New | Amended | | |
| | Overland Park | KS 66283 | | | | Statement X | (N) OR | (A) | |
| 4. | Party Affiliation | 5. Office Sough | t | | | rict of Candidate | | | |
| | REPUBLICAN PARTY | House | | | KS | 03 | | | |
| | DE | SIGNATION | OF PRI | NCIPAL | CAMPAIGN | N COMMITTEE | | | |
| 7. | Thereby designate the following named political committee as my Principal Campaign Committee for the 2020 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) | | | | | | | | |
| | Amanda Adkins for | Congress | | | | | | | |
| | (b) Address (number and street) PO Box 24085 | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | |
| | Overland Park | | | | KS | 66283 | | | |
| | | | | | | | | | |
| | DE | | | _ | _ | 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 f | iled with the princ | cipal campai | gn committe | ee. | | | | |
| (a) Name of Committee (in full) | | | | | | | | | |
| | | | | | | | | | |
| | (b) Address (number and street) | | | | | | | | |
| | (., | | | | | | | | |
| | (-) Oits Otata and 710 O | | | | | | | | |
| (c) City, State, and ZIP Code | | | | | | | | | |
| | | | | | | | | | |
| | I certify that I have exa | mined this State | ment and to | the best of | my knowledge a | and belief it is true, corre | ect and comple | ete. | |
| Si | gnature of Candidate | | | | | Date | | | |
| | dkins, Amanda, , , | | | | | | | | |
| | ······, · · · · · · · · · · · · · · · · | | | [Elect | tronically Filed] | 08/30/2019 | | | |
| _ | | | | | | | | | |
| N | OTE: Submission of false, erroneous | or incomplete in | formation m | ay subject t | he person signir | ng this Statement to per | nalties of 2 U.S | S.C. §437g. | |
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FEC FORM 2 (REV. 02/2009)