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PAGE 1 / 1

## FEC FORM 2

## STATEMENT OF CANDIDACY

| 1.  | (a) Name of Candidate (in full)  |                            |              |             |   |  |                |     |  |
|---|--|----------------------------|--------------|-------------|---|--|----------------|-----|--|
|   | Burks, Taylor, , ,   | Charlett address above and |              |             |   | O Condidate la FFO Identification Number |                |     |  |
|   | (b) Address (number and street)<br>PO Box 405  | ☐ Check if address changed |              |             | Candidate's FEC Identification Number     H2MO04140 |  |                |     |  |
|   | (c) City, State, and ZIP Code  |                            |              |             | 3. Is This  | lew                                      | Amended        |     |  |
|   | Ashand   | MO 65010                   |              |             |   | Statement (I                             | N) OR          | (A) |  |
| 4.  | Party Affiliation  | 5. Office Soug             | ht           |             | 1   | rict of Candidate                        |                |     |  |
|   | REPUBLICAN PARTY   | House                      |              |             | МО  | 04                                       |                |     |  |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE   |  |                            |              |             |   |  |                |     |  |
| 7.  | I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 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)   |  |                            |              |             |   |  |                |     |  |
| Taylor Burks for Congress   |  |                            |              |             |   |  |                |     |  |
|   | (b) Address (number and street)<br>PO Box 405  |                            |              |             |   |  |                |     |  |
|   | 1 0 000 400  |                            |              |             |   |  |                |     |  |
|   | (c) City, State, and ZIP Code  |                            |              |             |   |  |                |     |  |
|   | Ashland  |                            |              |             | MO  | 65010                                    |                |     |  |
|   |  |                            |              |             |   |  |                |     |  |
|   | DE   | SIGNATIO                   | N OF OTI     | HFR AU      | THORIZED  | COMMITTEES                               |                |     |  |
| 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)   |  |                            |              |             |   |  |                |     |  |
|   |  |                            |              |             |   |  |                |     |  |
| (b) Address (number and street)   |  |                            |              |             |   |  |                |     |  |
| (b) Address (ridiliber alia street)   |  |                            |              |             |   |  |                |     |  |
|   |  |                            |              |             |   |  |                |     |  |
| (c) City, State, and ZIP Code   |  |                            |              |             |   |  |                |     |  |
|   |  |                            |              |             |   |  |                |     |  |
| _   | Loortify that I have   | minad this Ct-t            | omant and t- | the best of | mu knovilada  | and haliaf it is true as                 | ot and commit- | to. |  |
| _   | I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.                 |                            |              |             |   |  |                |     |  |
|   | gnature of Candidate   |                            |              |             |   | Date                                     | Date           |     |  |
| Bı  | urks, Taylor, , ,  |                            |              | [Elec       | tronically Filed]                                   | 07/01/2021                               |                |     |  |
|   |  |                            |              |             |   |  |                |     |  |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.             |  |                            |              |             |   |  |                |     |  |
|   |  |                            |              |             |   |  |                |     |  |
|   |  |                            |              |             |   |  |                |     |  |
|   |  |                            |              |             |   |  |                |     |  |

FEC FORM 2 (REV. 02/2009)