

# 48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

|                                                                                                                                                                             |                    |                               |                                                             |                                                                                                           |                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| <b>1. NAME OF COMMITTEE IN FULL</b><br>Sharice for Congress                                                                                                                 |                    |                               |                                                             |                                                                                                           |                                                  |
| <b>ADDRESS</b> (number and street) 13851 W 63RD ST<br>NUM 303                                                                                                               |                    |                               |                                                             |                                                                                                           |                                                  |
| <b>CITY</b><br>SHAWNEE                                                                                                                                                      |                    | <b>STATE</b><br>KS            |                                                             | <b>ZIP CODE</b><br>66216                                                                                  |                                                  |
| <b>2. NAME OF CANDIDATE</b><br>Davids, Sharice, , ,                                                                                                                         |                    |                               | <b>3. OFFICE SOUGHT</b> (State and District)<br>House KS 03 |                                                                                                           | <b>4. FEC IDENTIFICATION NUMBER</b><br>C00670034 |
| <b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____ |                    |                               |                                                             |                                                                                                           |                                                  |
| <b>A. FULL NAME</b><br>AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE PAC (AIPAC PAC)                                                                                             |                    |                               |                                                             | Name of Employer<br>Date (month, day, year)<br>10/22/2024<br>Amount<br>5000.00                            |                                                  |
| <b>MAILING ADDRESS</b><br>251 H St NW                                                                                                                                       |                    |                               |                                                             | <b>Transaction ID : 8228379</b>                                                                           |                                                  |
| <b>CITY</b><br>Washington                                                                                                                                                   | <b>STATE</b><br>DC | <b>ZIP CODE</b><br>20001-2604 | Occupation<br>Transaction ID : 8228379                      |                                                                                                           |                                                  |
| <b>B. FULL NAME</b><br>AMERICAN POSTAL WORKERS UNION (APWU) COPA                                                                                                            |                    |                               |                                                             | Name of Employer<br>Date (month, day, year)<br>10/22/2024<br>Amount<br>2500.00                            |                                                  |
| <b>MAILING ADDRESS</b><br>1300 L St NW                                                                                                                                      |                    |                               |                                                             | <b>Transaction ID : 8228381</b>                                                                           |                                                  |
| <b>CITY</b><br>Washington                                                                                                                                                   | <b>STATE</b><br>DC | <b>ZIP CODE</b><br>20005-4107 | Occupation<br>Transaction ID : 8228381                      |                                                                                                           |                                                  |
| <b>C. FULL NAME</b><br>Fehr, Steve, , ,                                                                                                                                     |                    |                               |                                                             | Name of Employer<br>Self Employed<br>Date (month, day, year)<br>10/23/2024<br>Amount<br>1000.00           |                                                  |
| <b>MAILING ADDRESS</b><br>13007 Windsor Cir                                                                                                                                 |                    |                               |                                                             | <b>Transaction ID : 8227611</b>                                                                           |                                                  |
| <b>CITY</b><br>Leawood                                                                                                                                                      | <b>STATE</b><br>KS | <b>ZIP CODE</b><br>66209-1793 | Occupation<br>Attorney<br>Transaction ID : 8227611          |                                                                                                           |                                                  |
| <b>D. FULL NAME</b><br>Kaye, Cessna, , ,                                                                                                                                    |                    |                               |                                                             | Name of Employer<br>Not Employed<br>Date (month, day, year)<br>10/22/2024<br>Amount<br>1000.00            |                                                  |
| <b>MAILING ADDRESS</b><br>113 Terrace Ave                                                                                                                                   |                    |                               |                                                             | <b>Transaction ID : 8226198</b>                                                                           |                                                  |
| <b>CITY</b><br>Kentfield                                                                                                                                                    | <b>STATE</b><br>CA | <b>ZIP CODE</b><br>94904-1530 | Occupation<br>Not Employed<br>Transaction ID : 8226198      |                                                                                                           |                                                  |
| <b>E. FULL NAME</b><br>Lincoln, Chris, , ,                                                                                                                                  |                    |                               |                                                             | Name of Employer<br>Cboe Global Markets Inc<br>Date (month, day, year)<br>10/23/2024<br>Amount<br>2500.00 |                                                  |
| <b>MAILING ADDRESS</b><br>5817 W 78Th St                                                                                                                                    |                    |                               |                                                             | <b>Transaction ID : 8227610</b>                                                                           |                                                  |
| <b>CITY</b><br>Prairie Village                                                                                                                                              | <b>STATE</b><br>KS | <b>ZIP CODE</b><br>66208-4612 | Occupation<br>Software Engineer<br>Transaction ID : 8227610 |                                                                                                           |                                                  |
| <b>SIGNATURE (optional)</b><br>Petterson, Jay, , ,                                                                                                                          |                    |                               |                                                             | <b>DATE</b><br>10/24/2024                                                                                 |                                                  |
| For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov                                                                       |                    |                               |                                                             |                                                                                                           |                                                  |

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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

**FEC FORM 6**  
(Revised 03/2016)

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

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|                                                                                                                                                                         |  |                                                      |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------|--|
| 1. NAME OF COMMITTEE IN FULL<br>Sharice for Congress                                                                                                                    |  |                                                      |  |
| ADDRESS (number and street) 13851 W 63RD ST<br>NUM 303                                                                                                                  |  |                                                      |  |
| CITY, STATE, and ZIP CODE<br>SHAWNEE KS 66216                                                                                                                           |  |                                                      |  |
| 2. NAME OF CANDIDATE<br>Davids, Sharice, , ,                                                                                                                            |  | 3. OFFICE SOUGHT (State and District)<br>House KS 03 |  |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00670034            |  |
| 5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____ |  |                                                      |  |
| continuation page                                                                                                                                                       |  |                                                      |  |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                      |  |
| Match-E-Be-Nash-She-Wish Band Of Pottawatomi Indians                                                                                                                    |  | Name of Employer                                     |  |
| 2872 Mission Dr                                                                                                                                                         |  | Date (month, day, year)                              |  |
| Shelbyville MI 49344-9580                                                                                                                                               |  | 10/23/2024                                           |  |
|                                                                                                                                                                         |  | Amount                                               |  |
|                                                                                                                                                                         |  | 3300.00                                              |  |
|                                                                                                                                                                         |  | Transaction ID : 8228376                             |  |
|                                                                                                                                                                         |  | Occupation                                           |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                      |  |
| NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION POLITICAL ACTION COMMITTEE                                                                                                  |  | Name of Employer                                     |  |
| 1201 Pennsylvania Ave NW                                                                                                                                                |  | Date (month, day, year)                              |  |
| FI 12                                                                                                                                                                   |  | 10/22/2024                                           |  |
| Washington DC 20004-2401                                                                                                                                                |  | Amount                                               |  |
|                                                                                                                                                                         |  | 2500.00                                              |  |
|                                                                                                                                                                         |  | Transaction ID : 8228378                             |  |
|                                                                                                                                                                         |  | Occupation                                           |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                      |  |
| Ponte, Stan, , ,                                                                                                                                                        |  | Name of Employer                                     |  |
| 77 Park Ave                                                                                                                                                             |  | Date (month, day, year)                              |  |
| # 14E                                                                                                                                                                   |  | 10/22/2024                                           |  |
| New York NY 10016-2556                                                                                                                                                  |  | Amount                                               |  |
|                                                                                                                                                                         |  | 1000.00                                              |  |
|                                                                                                                                                                         |  | Transaction ID : 8226199                             |  |
|                                                                                                                                                                         |  | Occupation                                           |  |
|                                                                                                                                                                         |  | Broker                                               |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                      |  |
| Prairie Island Tribal Council                                                                                                                                           |  | Name of Employer                                     |  |
| 5636 Sturgeon Lake Rd                                                                                                                                                   |  | Date (month, day, year)                              |  |
| Welch MN 55089-9635                                                                                                                                                     |  | 10/23/2024                                           |  |
|                                                                                                                                                                         |  | Amount                                               |  |
|                                                                                                                                                                         |  | 3300.00                                              |  |
|                                                                                                                                                                         |  | Transaction ID : 8228374                             |  |
|                                                                                                                                                                         |  | Occupation                                           |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                      |  |
| Smith, Scott, , ,                                                                                                                                                       |  | Name of Employer                                     |  |
| 5044 Summit St                                                                                                                                                          |  | Date (month, day, year)                              |  |
| Kansas City MO 64112-2350                                                                                                                                               |  | 10/22/2024                                           |  |
|                                                                                                                                                                         |  | Amount                                               |  |
|                                                                                                                                                                         |  | 1000.00                                              |  |
|                                                                                                                                                                         |  | Transaction ID : 8226197                             |  |
|                                                                                                                                                                         |  | Occupation                                           |  |
|                                                                                                                                                                         |  | Not Employed                                         |  |

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| CITY, STATE, and ZIP CODE<br>SHAWNEE KS 66216                                                                                                                           |  |                                                                                              |                   |
| 2. NAME OF CANDIDATE<br>Davids, Sharice, , ,                                                                                                                            |  | 3. OFFICE SOUGHT (State and District)<br>House KS 03                                         |                   |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00670034                                                    |                   |
| 5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____ |  |                                                                                              |                   |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Uhlig, Robert, , ,<br>13230 Outlook St<br>Overland Park KS 66209-4021                                                     |  | Name of Employer<br>Uhlig Supply<br>Transaction ID : 8226196<br>Occupation<br>Business Owner |                   |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/22/2024                                                        | Amount<br>1000.00 |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  | Name of Employer                                                                             |                   |
|                                                                                                                                                                         |  | Date (month, day, year)                                                                      | Amount            |
|                                                                                                                                                                         |  | Occupation                                                                                   |                   |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  | Name of Employer                                                                             |                   |
|                                                                                                                                                                         |  | Date (month, day, year)                                                                      | Amount            |
|                                                                                                                                                                         |  | Occupation                                                                                   |                   |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  | Name of Employer                                                                             |                   |
|                                                                                                                                                                         |  | Date (month, day, year)                                                                      | Amount            |
|                                                                                                                                                                         |  | Occupation                                                                                   |                   |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  | Name of Employer                                                                             |                   |
|                                                                                                                                                                         |  | Date (month, day, year)                                                                      | Amount            |
|                                                                                                                                                                         |  | Occupation                                                                                   |                   |

continuation page