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FEC FORM 2

STATEMENT OF CANDIDACY

=	() 11 (((((((((((((((((
1.	(a) Name of Candidate (in full) Davids, Sharice, , ,								
	(b) Address (number and street)		heck if addres	se changed		2. Candidate's FEC Identification Number			
	5418 Caenen St.		neck ii addres	ss changed		H8KS03155			
	(c) City, State, and ZIP Code					3. Is This New Amended			
	Shawnee		KS	6621	6	Statement (N) OR (A)			
4.	Party Affiliation	5. Office Soug	ht			trict of Candidate			
	DEMOCRATIC PARTY	House			KS	03			
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
7.	. I hereby designate the following named political committee as my Principal Campaign Committee for the election(s). (year of election)								
	NOTE: This designation should be f	iled with the ap	propriate offic	ce listed in th	ne instructions.				
	(a) Name of Committee (in full)								
	SHARICE FOR CON	NGRESS							
	(b) Address (number and street)								
	13851 W. 63RD ST.								
	NUM 303								
	(c) City, State, and ZIP Code								
	SHAWNEE				KS	66216			
	D.E.	CIONATIO	N OF OT	IED ALI	FUODIZED	COMMITTEES			
	DE					COMMITTEES			
		(including Join	t Fundiaisin	g Representativ	res)			
8.	I hereby authorize the following name candidacy.	ned committee,	which is NOT	my principa	al campaign coi	mmittee, to receive and expend funds on behalf of my			
	NOTE: This designation should be f	iled with the pri	ncipal campa	ign committe	ee.				
	(a) Name of Committee (in full)								
	NADLER VICTORY	FUND							
	(b) Address (number and street)								
	200 WEST 79TH STREET, #8	BN							
	(c) City, State, and ZIP Code								
	NEW YORK				NY	10024			
	NEW TORK				INT	10024			
	I certify that I have exa	mined this Stat	tement and to	the best of	my knowledge a	and belief it is true, correct and complete.			
Sig		mined this Stat	tement and to	the best of	my knowledge a	and belief it is true, correct and complete.			
	gnature of Candidate	mined this Stat	tement and to	the best of I	my knowledge a	Date			
		mined this Stat	tement and to	the best of i	my knowledge a	,			
	gnature of Candidate	mined this Stat	tement and to	the best of I	my knowledge a	Date			
Di	gnature of Candidate avids, Sharice, , ,					Date			
Di	gnature of Candidate avids, Sharice, , ,					Date 11/15/2024			
Di	gnature of Candidate avids, Sharice, , ,					Date 11/15/2024			

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES
(Including Joint Fundraising Representatives)

	(morading contrantation	ng rioprocontat	1100)				
3.	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)						
	STAND UP FOR DEMOCRACY JFA						
	(b) Address (number and street)						
	PO BOX 5418						
	(c) City, State, and ZIP Code						
	TAKOMA PARK	MD	20913				
_							
3.		hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my andidacy. NOTE : This designation should be filed with the principal campaign committee.					
	(a) Name of Committee (in full)						
	DEMOCRATIC FUTURE LEADERSHIP FUND						
	(b) Address (number and street) PO BOX 15845						
	(c) City, State, and ZIP Code						
	WASHINGTON	DC	20003				
3.	I hereby authorize the following named committee, which is NOT my princip candidacy. NOTE : This designation should be filed with the principal campa						
	(a) Name of Committee (in full)						
	SHARICE DAVIDS VICTORY FUND 2024						
	(b) Address (number and street)						
	13851 WEST 63RD STREET						
	#303						
	(c) City, State, and ZIP Code SHAWNEE	KS	00240				
	SHAWNEL	NO	66216				
3.	I hereby authorize the following named committee, which is NOT my princip candidacy. NOTE : This designation should be filed with the principal campa						
	(a) Name of Committee (in full)						
	DEMOCRACY DEFENDERS						
	(b) Address (number and street)						
	600 PENNSYLVANIA AVE SE #15180						
	(c) City, State, and ZIP Code						
	WASHINGTON	DC	20003				

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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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)					
	DEMOCRACY SUMMER 2024					
	(b) Address (number and street) 600 PENNSYLVANIA AVE SE #15180					
	(a) City, Clade and ZID Code					
	(c) City, State, and ZIP Code WASHINGTON DC 20003					
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					
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					
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					