Image# 202108279466565429 PAGE 1 / 1

FEC FORM 2

STATEMENT OF CANDIDACY

									-
	e of Candidate (in full)								
	, Joan, E., Ms.,		a alv 16 - 2 1	a ala arri		0.0	In EEO LIL 100	na4!=: *!	una h a z
	o) Address (number and street)					Candidate's FEC Identification Number S2KS00105			
(c) City,	State, and ZIP Code					3. Is This	New		Amended
Der	by		KS	6703	7	Stateme	nt 🗶 (N)	OR	(A)
4. Party Af	filiation	5. Office Sough	nt		6. State & Dist	rict of Candida	te		
REPUE	BLICAN PARTY	Senate			KS	00			
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE									
7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 (year of election)									
NOTE:	This designation should be	iled with the app	ropriate office	e listed in th	ne instructions.				
, ,	e of Committee (in full) an Farr for U.S.	Senate KS							
	ress (number and street) 15 Blueberry Lane								
(c) City,	State, and ZIP Code								
De	erby				KS	67037			
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 t	iled with the prin	icipal campaiç	gn committe	ee.				
	This designation should be for e of Committee (in full)	iled with the prin	icipal campaiç	gn committe	ee. 				
		iled with the prin	ıcıpal campaıç	gn committe	ee.				
(a) Nam	e of Committee (in full)	iled with the prin	icipal campai	gn committe	ee. 				
(a) Nam		iled with the prin	cipal campai	gn committe	ee.				
(a) Nam	e of Committee (in full)	iled with the prin	icipal campai	gn committe	ee. -				
(a) Nam	e of Committee (in full)	iled with the prin	icipal campai	gn committe	ee.				
(a) Nam	ress (number and street)	iled with the prin	icipal campai	gn committe	ee.				
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(a) Nam	ress (number and street)					nd belief it is tr	rue, correct an	d comple	ete.
(a) Nam (b) Addr	ress (number and street) State, and ZIP Code						rue, correct an	d comple	ote.
(a) Nam (b) Addr (c) City,	ress (number and street) State, and ZIP Code I certify that I have example of Candidate			the best of a	my knowledge a	Date		d comple	ote.
(a) Nam (b) Addr	ress (number and street) State, and ZIP Code I certify that I have example of Candidate			the best of a				d comple	ete.
(a) Nam (b) Addr (c) City,	ress (number and street) State, and ZIP Code I certify that I have example of Candidate			the best of a	my knowledge a	Date		d comple	ete.
(a) Nam (b) Addr (c) City, Signature Farr, Joan,	ress (number and street) State, and ZIP Code I certify that I have example of Candidate	mined this State	ement and to t	he best of l	my knowledge a	Date 08/27/2021	ı		
(a) Nam (b) Addr (c) City, Signature Farr, Joan,	ress (number and street) State, and ZIP Code I certify that I have exactly that I ha	mined this State	ement and to t	he best of l	my knowledge a	Date 08/27/2021	ı		
(a) Nam (b) Addr (c) City, Signature Farr, Joan,	ress (number and street) State, and ZIP Code I certify that I have exactly that I ha	mined this State	ement and to t	he best of l	my knowledge a	Date 08/27/2021	ı		

FEC FORM 2 (REV. 02/2009)