

Image# 201806229115164503

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) LAPOLICE, ALAN, , ,			2. Candidate's FEC Identification Number H4KS01059	
(b) Address (number and street) 734 LINCOLN ST		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code CLYDE KS 66938		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate KS 01		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 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) LAPOLICE FOR KANSANS		
(b) Address (number and street) 734 LINCOLN ST.		
(c) City, State, and ZIP Code CLYDE KS 66938		

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)		
(c) City, State, and ZIP Code		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate <i>LaPolice, Patrick, Alan, Mr.,</i> <i>[Electronically Filed]</i>	Date 06/22/2018
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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