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FEC FORM 2

STATEMENT OF CANDIDACY

| 1. | (a) Name of Candidate (in full) | | | | | |
|----|--|----------------------------|-----------------|----------------|-------------------|---|
| | MARSHALL, ROGER, W, , (b) Address (number and street) | | ook if addrag | sc changed | | 2. Candidate's FEC Identification Number |
| | 4501 QUAIL CREEK DR | ☐ Check if address changed | | | | S0KS00315 |
| | (c) City, State, and ZIP Code | | | | _ | 3. Is This New Amended Statement (N) OR (A) |
| | GREAT BEND | | KS | 6753 | | Citaternesia (i.i) |
| 4. | Party Affiliation | 5. Office Sough | nt | | | rict of Candidate |
| | REPUBLICAN PARTY | Senate | | | KS | |
| | DE | SIGNATIO | N OF PRI | INCIPAL | CAMPAIGN | COMMITTEE |
| 7. | I hereby designate the following nar | ned political cor | nmittee as m | y Principal | Campaign Comn | nittee for the 2026 (year of election) election(s). |
| | NOTE: This designation should be f | iled with the app | propriate offic | ce listed in t | he instructions. | |
| | (a) Name of Committee (in full) KANSANS FOR MA | RSHALL | | | | |
| | (b) Address (number and street) PO BOX 1588 | | | | | |
| | (c) City, State, and ZIP Code | | | | | |
| | GREAT BEND | | | | KS | 67530-1588 |
| Ω | | (Ir | ncluding Join | t Fundraisir | ng Representative | COMMITTEES es) nmittee, to receive and expend funds on behalf of my |
| 0. | candidacy. | ied committee, | WITHOUT IS INO | т тту ртттстр | ar campaign con | inititee, to receive and expend units on benait of my |
| | NOTE: This designation should be f | iled with the prir | ncipal campa | ign committ | ee. | |
| | (a) Name of Committee (in full) TEAM MARSHALL | II | | | | |
| | (b) Address (number and street) PO BOX 26141 | | | | | |
| | (c) City, State, and ZIP Code | | | | | |
| | ALEXANDRIA | | | | VA | 22313-6141 |
| | I certify that I have exa | mined this State | ement and to | the best of | my knowledge a | nd belief it is true, correct and complete. |
| Si | gnature of Candidate | | | | | Date |
| M | arshall, Roger, W., , | | | [Elec | tronically Filed] | 11/30/2020 |
| | | | | | | |
| N | OTE: Submission of false, erroneous, | or incomplete i | nformation m | nay subject | the person signir | ng this Statement to penalties of 2 U.S.C. §437g. |
| NO | OTE: Submission of false, erroneous, | or incomplete i | nformation m | nay subject | the person signir | ng this Statement to penalties of 2 U.S.C. §437g. |

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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| raue | OI | | |

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) SENATE FIREWALL 2020 | | | | | | | |
| | (b) Address (number and street) 1305 W 11TH ST #213 | | | | | | | |
| | (c) City, State, and ZIP Code HOUTSON TX 77008 | | | | | | | |
| 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 | | | | | | | |