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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a	a) Name of Candidate (in full)							
/1	Davids, Sharice, , ,		Na alcif a dalca			O Condidate's FFC	I dantification N	l ma la a w
(L	b) Address (number and street) 5418 Caenen St.	☐ Check if address changed			Candidate's FEC Identification Number H8KS03155			
(0	c) City, State, and ZIP Code				_	3. Is This	New	Amended
	Shawnee		KS	6621		Statement	(N) OR	× (A)
	arty Affiliation	5. Office Sou				trict of Candidate		
	DEMOCRATIC PARTY	House			KS	03		
	DE	SIGNATIO	N OF PR	INCIPAL	CAMPAIGI	N COMMITTEE		
7. I	hereby designate the following na	med political co	ommittee as n	ny Principal (Campaign Comi	mittee for the 2024 (year of	electi election)	on(s).
	IOTE: This designation should be	filed with the ap	opropriate offi	ce listed in t	ne instructions.			
(8	a) Name of Committee (in full)							
	SHARICE FOR CO	NGRESS						
(t	o) Address (number and street)							
	13851 W. 63RD ST. NUM 303							
(0	c) City, State, and ZIP Code							
	SHAWNEE				KS	66216		
	0.1							
	DE				THORIZED g Representativ	COMMITTEES res)		
	hereby authorize the following nar andidacy.	ned committee	, which is NO	T my princip	al campaign cor	mmittee, to receive and	l expend funds	on behalf of my
N	OTE: This designation should be	iled with the pr	incipal campa	nign committ	ee.			
(8	a) Name of Committee (in full)							
	NADLER VICTORY	' FUND						
(k	o) Address (number and street)							
	200 WEST 79TH STREET, #8	BN						
(0	c) City, State, and ZIP Code							
	NEW YORK				NY	10024		
						.002.		
	I certify that I have exa	mined this Sta	tement and to	the best of	my knowledge a	and belief it is true, cori	rect and compl	ete.
Sign	nature of Candidate					Date		
Davids, Sharice, , ,					10/02/2023			
Duv	us, shartee, , ,					10/02/2023		
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.								
								0 0

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)

8.	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)								
	SHARICE DAVIDS VICTORY FUND 2022								
	(b) Address (number and street) 13851 WEST 63RD STREET #303								
	(c) City, State, and ZIP Code SHAWNEE	KS	66216						
8.	 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)								
	STAND UP FOR DEMOCRACY JFA								
	(b) Address (number and street) PO BOX 5418								
	(c) City, State, and ZIP Code								
	TAKOMA PARK	MD	20913						
8.	B. 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)								
	DEMOCRATIC FUTURE LEADERSHIP FUND								
	(b) Address (number and street) PO BOX 15845								
	(c) City, State, and ZIP Code								
	WASHINGTON	DC	20003						
8.	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)								
	(b) Address (number and street)								
	(c) City, State, and ZIP Code								