

Image# 201910169164983749

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Bollier, Barbara, , ,			2. Candidate's FEC Identification Number SOKS00323	
(b) Address (number and street) PO Box 1647		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Mission KS 66222		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought Senate	6. State & District of Candidate KS 00		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 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) Bollier for Kansas		
(b) Address (number and street) PO Box 1647		
(c) City, State, and ZIP Code Mission KS 66222		

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 Bollier, Barbara, , , <i>[Electronically Filed]</i>	Date 10/16/2019
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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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