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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a	a) Name of Candidate (in full)					
	Weir, Sara, Hart, ,		:f = - -	L		O Condidatela FFO Identification Number
(D	p) Address (number and street) P.O. Box 2183	□Cneck	if address c	nanged		Candidate's FEC Identification Number H0KS03228
(c	c) City, State, and ZIP Code					3. Is This New Amended
	Mission		KS	66201	I	Statement (N) OR (A)
4. Pa	arty Affiliation	5. Office Sought			6. State & Dist	rict of Candidate
F	REPUBLICAN PARTY	House			KS	03
	DE	SIGNATION C	F PRINC	CIPAL	CAMPAIGN	N COMMITTEE
7. 11	hereby designate the following nar	ned political commit	tee as my Pı	rincipal C	Campaign Comr	nittee for the $\frac{2020}{\text{(year of election)}}$ election(s).
N	OTE: This designation should be f	iled with the approp	riate office lis	sted in th	e instructions.	
(a	a) Name of Committee (in full) SARA HART WEIR	FOR CONG	RESS			
(b	o) Address (number and street) P.O. BOX 2183					
(c	c) City, State, and ZIP Code					
	MISSION				KS	66201
	DE	SIGNATION C	F OTHE	R AU1	HORIZED	COMMITTEES
		(Includ	ding Joint Fu	ndraisin	g Representativ	es)
	hereby authorize the following nam andidacy.	ned committee, whic	h is NOT my	/ principa	al campaign con	nmittee, to receive and expend funds on behalf of my
N	OTE: This designation should be f	iled with the principa	al campaign	committe	ee.	
(a	a) Name of Committee (in full)					
	\					
(D	b) Address (number and street)					
(c	c) City, State, and ZIP Code					
	I certify that I have exa	mined this Statemer	nt and to the	best of r	my knowledge a	nd belief it is true, correct and complete.
Sign	ature of Candidate					Date
_	nature of Candidate			IEL -4		
_				[Elect	ronically Filed]	Date 08/30/2019
_				[Elect	ronically Filed]	
Weir	c, Sara, Hart, ,	or incomplete infor	mation may s			
Weir	c, Sara, Hart, ,	or incomplete infor	mation may s			08/30/2019
Weir	c, Sara, Hart, ,	or incomplete infor	mation may s			08/30/2019

FEC FORM 2 (REV. 02/2009)