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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)							
	Walsh, Sara, , , (b) Address (number and street)	☐ Check if address changed				2. Candidate's FEC Identification Number		
	PO Box 14	□ Check ii address changed			H2MO04157			
	(c) City, State, and ZIP Code					lew	Amended	
	Ashland	MO 65010				`	N) OR	(A)
4.	Party Affiliation	5. Office Soug	ht		6. State & Dist	rict of Candidate 04		
	REPUBLICAN PARTY	House			IVIO			
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
7.	. I hereby designate the following named political committee as my Principal Campaign Committee for the 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)								
Sara Walsh for Congress								
	(b) Address (number and street) PO Box 14							
	(c) City, State, and ZIP Code							
	Ashland				МО	65010		
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 exa	mined this Stat	ement and to	the best of	my knowledge a	and belief it is true, correc	et and complete.	
Signature of Candidate Date								
W	alsh, Sara, , ,	[Electronically Filed]				07/07/2021		
				[2300				
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.								

FEC FORM 2 (REV. 02/2009)