

Image# 202504119755216960

PAGE 1 / 2

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Davids, Sharice, , ,		
(b) Address (number and street) 5418 Caenen St.		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Shawnee KS 66216		2. Candidate's FEC Identification Number H8KS03155
4. Party Affiliation DEMOCRATIC PARTY		5. Office Sought House
6. State & District of Candidate KS 03		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 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) SHARICE FOR CONGRESS		
(b) Address (number and street) 13851 W. 63RD ST. NUM 303		
(c) City, State, and ZIP Code SHAWNEE KS 66216		

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) NADLER VICTORY FUND		
(b) Address (number and street) 200 WEST 79TH STREET, #8N		
(c) City, State, and ZIP Code NEW YORK NY 10024		

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 Davids, Sharice, , ,	Date 04/11/2025
--	--------------------

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

--	--	--	--	--	--	--	--	--

Optional Supplemental Page for Designation
of Additional Authorized CommitteesPage 2 of 2

FEC Form 2S (Revised 02/2017)

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)

SHARICE DAVIDS VICTORY FUND 2024

(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 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 2024

(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 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)

REPRESENTATION MATTERS: STAND UP FOR DEMOCRACY

(b) Address (number and street)

PO BOX 65322

(c) City, State, and ZIP Code

WASHINGTON

DC

20035

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