

Image# 202009039267080963

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) MARSHALL, ROGER, W.,			2. Candidate's FEC Identification Number H6KS01179	
(b) Address (number and street) 4501 QUAIL CREEK DR		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code GREAT BEND KS 67530		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought Senate	6. State & District of Candidate KS		

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) KANSANS FOR MARSHALL		
(b) Address (number and street) PO BOX 1588		
(c) City, State, and ZIP Code GREAT BEND KS 67530-1588		

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) KANSAS SENATE REPUBLICAN NOMINEE FUND - ROGER MARSHALL		
(b) Address (number and street) 1305 W 11TH ST # 213		
(c) City, State, and ZIP Code HOUSTON TX 77008		

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 Marshall, Roger, W., <i>[Electronically Filed]</i>	Date 09/03/2020
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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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Optional Supplemental Page for Designation
of Additional Authorized Committees

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)

TEAM MARSHALL II

(b) Address (number and street)

PO BOX 26141

(c) City, State, and ZIP Code

ALEXANDRIA

VA

22313

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)

SENATE FIREWALL 2020

(b) Address (number and street)

1305 W 11TH ST #213

(c) City, State, and ZIP Code

HOUTSON

TX

77008

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

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