FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)						
	Soave, Antonio, , ,					1	
	(b) Address (number and street) 11456 S. Parish Street	☐ Check if address changed				Candidate's FEC Identification Number H8KS02165	
	(c) City, State, and ZIP Code					3. Is This New Amended	
	Olathe		KS	66061	1	Statement (N) OR (A)	
4.	Party Affiliation	5. Office Sought				rict of Candidate	
	REPUBLICAN PARTY	House			KS	02	
	DE	SIGNATION O	F PRINC	IPAL	CAMPAIGN	COMMITTEE	
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 (year of election)						
	NOTE: This designation should be filed with the appropriate office listed in the instructions.						
	(a) Name of Committee (in full)						
	SOAVE FOR CONC	JKESS					
	(b) Address (number and street)						
	PO BOX 457						
	709 MAIN ST.						
	(c) City, State, and ZIP Code						
	EUDORA				KS	66025	
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 Statement	t and to the	best of r	my knowledge ai	nd belief it is true, correct and complete.	
Si		mined this Statement	t and to the	best of r	my knowledge ai	nd belief it is true, correct and complete.	
	gnature of Candidate	mined this Statement	t and to the	best of r	my knowledge al	Date	
		mined this Statement	t and to the		my knowledge al		
Sc	gnature of Candidate oave, Antonio, , ,			[Electi	ronically Filed]	Date	
Sc	gnature of Candidate oave, Antonio, , ,			[Electi	ronically Filed]	Date 09/14/2017	
Sc	gnature of Candidate oave, Antonio, , ,			[Electi	ronically Filed]	Date 09/14/2017	

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