## 12030744009

FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVED

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FEC MANAUSEDENTER

1.	NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5											
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AD	DRESS (number and street)	[9,0,2,5, W., 1,0	) T H ST . N.												
	(Check if address	W-F													
	is changed)	K15 6,7,2,1,2 -													
		CI	тү	STATE ZIP CODE											
COI	MMITTEE'S E-MAIL ADDRES	SS (Please provide only one e-m	nail address)												
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co	COMMITTEE'S WEB PAGE ADDRESS (URL)														
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<b>2</b> . <b>3</b> .	DATE 0 2 0 3	en e													
4.	IS THIS STATEMENT 🗸	NEW (N) OR	AMENDED (A)												
l ce	ertify that I have examined thi	is Statement and to the best of	f my knowledge and belief it i	s true, correct and complete.											
Type or Print Name of Treasurer JOANNE DEWLTT WILLOUGHBY															
Sign	nature of Treasurer	Loone D. He	lloughby	Date 02 03 2012											
NO	NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.														
	Office Use Only		For further information co Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	PPL PC)RIVI I											

5.

TYPE Cand							e:																																					
(a)	Candidate Committee:  (a) V This committee is a principal campaign committee. (Complete the candidate information below.)																																											
(b)	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)																																											
Name Candid			İ		<u>.                                    </u>	l												J	L	1				_1			_	لـــا		L	_	1_	L	1.				丄			_1.		<u> </u>	
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FEC Form 1 (Revised 0	02/2009)	Page 3
Write or Type Committee Name		-
6. Name of Any Connected O	organization, Affiliated Committee, Joint Fundraising Representative, or Leade	ership PAC Sponsor
MONE		
Mailing Address		
-		
	I	-
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
<ol> <li>Custodian of Records: Identification</li> <li>books and records.</li> </ol>	tify by name, address (phone number optional) and position of the person in p	cossession of committee
Full Name	INE DEWINTT WILLIAM OUGHBY	
Mailing Address	91012151 W. 1017 H 1517 . M.	
	WICHITA KS 67	212-40120
Title or Position	CITY STATE	ZIP CODE
TIRIEIAISIUIRIEIRI	Telephone number 3,1,6,-	7,2,1]-[3,5,0,9
8. <b>Treasurer:</b> List the name and any designated agent (e.g., a	I address (phone number optional) of the treasurer of the committee; and the ssistant treasurer).	name and address of
Full Name of Treasurer	NE DEWINTT WILLLOUGHBY	
Mailing Address	9,0,2,5, W., 1,0,TH, ST, N.	
	<u> </u>	
	CITY STATE	211 2 - 41120 ZIP CODE
Title or Position  TIRIEIA IS IVIRIEIRI	Telephone number 3116-	7,2,1]-[3,5,0,9

9.

FEC Form 1 (Revise	d 02/2009)		Page 4
			5.W -
Full Name of Designated Agent	U,A,R,Y, ',M,I ,C,H,E,L,L,E, ,B,A,1 ,L,E,	<b>Y</b>	
Mailing Address	3,4,0,1,  E   2,D    5,T,R,E,E,T,	<u> </u>	
	WILGHITA	Kis	6,7,2,0,8 - 3,2,2,4
Title or Position	CITY	STATE	ZIP CODE
AISISITAINIT	TREAS PRER	number 3	16-993-1515
Banks or Other Depositorions safety deposit boxes or main Name of Bank, Depository,		nittee deposits	funds, holds accounts, rents
FUDE	<u> </u>	_	
Mailing Address	[1,0,0, E,0,E,N,G,L,1,5,H, S,T,0,		
	WIEHNTA	KS	6,7,2,02 -
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
1		1 1 1 1 1	1
Mailing Address	<u> </u>		
Mailing Address	1		
		_ <del></del>	1 1-1 1
	CITY	STATE	ZIP CODE
·	VIII		211 3001

## **Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt** Hand Delivered Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office **Date of Receipt or Postmarked** Other (Specify): PREPARER DATE PREPARED

(3/2005)