

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

KANSANS FOR RESPONSIBLE GOVERNMENT

ADDRESS (number and street) 11310 E 21ST NORTH SUITE G

PMB #51 WICHITA KS 67206

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00563296

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
[X] October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)
July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report (TER)

- (b) Monthly Report Due On: Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), Apr 20 (M4), Jul 20 (M7), Oct 20 (M10), Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) Election on in the State of

(d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S) Election on in the State of

5. Covering Period 07 / 17 / 2014 through 09 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Willis Hartman

Signature of Treasurer Willis Hartman [Electronically Filed] Date 10 / 13 / 2014

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

Table with 10 columns and 1 row. Office Use Only. FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**KANSANS FOR RESPONSIBLE GOVERNMENT**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="12349.78"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="69130.00"/>	<input type="text" value="295130.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="81479.78"/>	<input type="text" value="295130.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="81024.02"/>	<input type="text" value="294674.24"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="455.76"/>	<input type="text" value="455.76"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

KANSANS FOR RESPONSIBLE GOVERNMENT

Report Covering the Period: From: 07 / 17 / 2014 To: 09 / 30 / 2014

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	69100.00	295100.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	69100.00	295100.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	69100.00	295100.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	30.00	30.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	69130.00	295130.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	69130.00	295130.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	21024.02	28519.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	21024.02	28519.24
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	60000.00	266155.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	81024.02	294674.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	81024.02	294674.24

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	69100.00	295100.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	69100.00	295100.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	21024.02	28519.24
37. Offsets to Operating Expenditures (from Line 15, page 3).....	30.00	30.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	20994.02	28489.24

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 12
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**KANSANS FOR RESPONSIBLE GOVERNMENT**

Full Name (Last, First, Middle Initial) <b>A. Willis Hartman</b>		Date of Receipt MM / DD / YYYY 07 / 18 / 2014 <b>Transaction ID : SA11AI.4212</b>
Mailing Address 10500 E. Berkeley Square Parkway Ste 100		Amount of Each Receipt this Period 15000.00
City Wichita	State KS	
Zip Code 67206		Aggregate Year-to-Date ▼ 231000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Hartman Oil Co Inc.	Occupation President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Willis Hartman</b>		Date of Receipt MM / DD / YYYY 07 / 28 / 2014 <b>Transaction ID : SA11AI.4211</b>
Mailing Address 10500 E. Berkeley Square Parkway Ste 100		Amount of Each Receipt this Period 40000.00
City Wichita	State KS	
Zip Code 67206		Aggregate Year-to-Date ▼ 271000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Hartman Oil Co Inc.	Occupation President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Willis Hartman</b>		Date of Receipt MM / DD / YYYY 08 / 22 / 2014 <b>Transaction ID : SA11AI.4225</b>
Mailing Address 10500 E. Berkeley Square Parkway Ste 100		Amount of Each Receipt this Period 8500.00
City Wichita	State KS	
Zip Code 67206		Aggregate Year-to-Date ▼ 279500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Hartman Oil Co Inc.	Occupation President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	63500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 12  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**KANSANS FOR RESPONSIBLE GOVERNMENT**

Full Name (Last, First, Middle Initial)  
**A. Willis Hartman**

Mailing Address 10500 E. Berkeley Square Parkway  
Ste 100

City State Zip Code  
Wichita KS 67206

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Hartman Oil Co Inc. President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285100.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 09 / 2014

**Transaction ID : SA11AI.4226**

Amount of Each Receipt this Period  
5600.00

Full Name (Last, First, Middle Initial)  
**B.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	69100.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**KANSANS FOR RESPONSIBLE GOVERNMENT**

Full Name (Last, First, Middle Initial)

**A. Gober Hilgers PLLC**

Mailing Address 1005 Congress Ave  
Ste 350

City Austin State TX Zip Code 78701

Purpose of Disbursement  
Legal Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 23 / 2014

Transaction ID : **SB21B.4214**

Amount of Each Disbursement this Period

5445.00

Full Name (Last, First, Middle Initial)

**B. Gober Hilgers PLLC**

Mailing Address 1005 Congress Ave  
Ste 350

City Austin State TX Zip Code 78701

Purpose of Disbursement  
Legal Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 03 / 2014

Transaction ID : **SB21B.4219**

Amount of Each Disbursement this Period

8537.50

Full Name (Last, First, Middle Initial)

**C. Gober Hilgers PLLC**

Mailing Address 1005 Congress Ave  
Ste 350

City Austin State TX Zip Code 78701

Purpose of Disbursement  
Legal Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2014

Transaction ID : **SB21B.4237**

Amount of Each Disbursement this Period

5522.50

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

19505.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**KANSANS FOR RESPONSIBLE GOVERNMENT**

Full Name (Last, First, Middle Initial)

**A. Koch and Scrow**

Mailing Address 11500 S Eastern Ave  
Ste 210

City Henderson State NV Zip Code 89052

Purpose of Disbursement  
Marketing Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 01 / 2014

Transaction ID : SB21B.4216

Amount of Each Disbursement this Period

325.00

Full Name (Last, First, Middle Initial)

**B. Koch and Scrow**

Mailing Address 11500 S Eastern Ave  
Ste 210

City Henderson State NV Zip Code 89052

Purpose of Disbursement  
Marketing Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2014

Transaction ID : SB21B.4229

Amount of Each Disbursement this Period

107.50

Full Name (Last, First, Middle Initial)

**C. Twin Oaks Connect**

Mailing Address 57 Waddell St SE

City Marietta State GA Zip Code 30060

Purpose of Disbursement  
Marketing Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 23 / 2014

Transaction ID : SB21B.4213

Amount of Each Disbursement this Period

951.52

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1384.02

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**KANSANS FOR RESPONSIBLE GOVERNMENT**

Full Name (Last, First, Middle Initial)

**A. Wells Fargo Bank NA**

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2014

**Transaction ID : SB21B.4224**

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Wells Fargo Bank NA**

Mailing Address PO Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2014

**Transaction ID : SB21B.4230**

Amount of Each Disbursement this Period

3.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

13.00

20902.02

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
KANSANS FOR RESPONSIBLE GOVERNMENT
FEC IDENTIFICATION NUMBER
C C00563296
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Strategic Media Services
Mailing Address
1911 North Ft Myer Dr
Ste 400
City
Arlington State
VA Zip Code
22209
Purpose of Expenditure
Advertising Production and Placement
Category/
Type

Date of Public Distribution/Dissemination
07 / 23 / 2014
Amount
10000.00
Transaction ID : SE.4204
Date of Disbursement or Obligation
07 / 18 / 2014

Name of Federal Candidate
MICHAEL R POMPEO
Support
Oppose
Office Sought:
House District: 04
President Senate State: KS

Disbursement For:
Primary General
2014 Other (specify)

Calendar Year-To-Date
Per Election for Office Sought
216155.00

Full Name of Payee
Strategic Media Services
Mailing Address
1911 North Ft Myer Dr
Ste 400
City
Arlington State
VA Zip Code
22209
Purpose of Expenditure
Advertising Production and Placement
Category/
Type

Date of Public Distribution/Dissemination
07 / 23 / 2014
Amount
10000.00
Transaction ID : SE.4205
Date of Disbursement or Obligation
07 / 21 / 2014

Name of Federal Candidate
MICHAEL R POMPEO
Support
Oppose
Office Sought:
House District: 04
President Senate State: KS

Disbursement For:
Primary General
2014 Other (specify)

Calendar Year-To-Date
Per Election for Office Sought
226155.00

(a) SUBTOTAL of Itemized Independent Expenditures..... 20000.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Willis Hartman [Electronically Filed] Date 10 / 13 / 2014

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>KANSANS FOR RESPONSIBLE GOVERNMENT</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00563296
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Strategic Media Services</b>	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 30 / 2014</b>
Mailing Address 1911 North Ft Myer Dr Ste 400	Amount <b>40000.00</b>
City State Zip Code Arlington VA 22209	<b>Transaction ID : SE.4208</b>
Purpose of Expenditure Advertising Production and Placement	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 29 / 2014</b>
Name of Federal Candidate MICHAEL R POMPEO	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>04</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought <b>266155.00</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y
Mailing Address	Amount
City State Zip Code	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Purpose of Expenditure	Category/Type
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>40000.00</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<b>60000.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Willis Hartman*

Signature \_\_\_\_\_ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**10 / 13 / 2014**