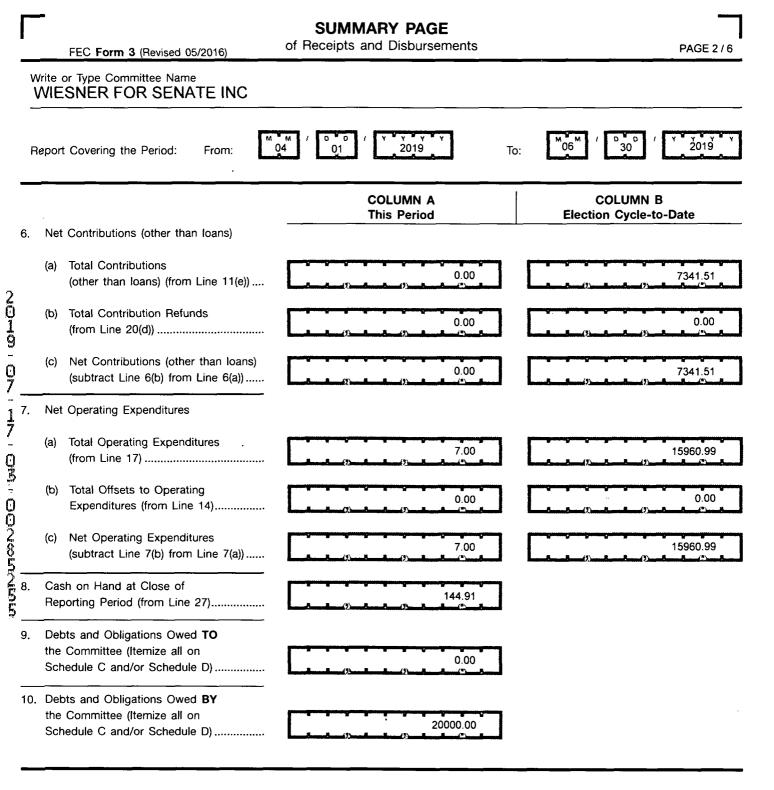
	.	and the second product of the second	·····	PAGE 1 / 6
FEC FORM 3	REPORT OF AND DISBUF For An Authorize	RSEMENTS	HECKET HEGHAIL 2019 JULOHLZ	- A
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT V	Example: If typing, type over the lines.	12FE4M5 *	
			<u></u>	
	6750 W 93RD SUITE 220			
ADDRESS (number and street) ▼			· · · · · · · · · · · · · · · · · · ·	
Check if different than previously reported. (ACC)			KS 66212 STATE ▲	
2. FEC IDENTIFICATION	NUMBER V	THIS NEW PORT (N) OR	AMENDED (A)	STATE ▼ DISTRICT
 4. TYPE OF REPORT (a) Quarterly Reports: 	(b) 12-l	Day PRE-Election Report for th Primary (12P)	he: General (12G)	Runoff (12R)
April 15 Quarter		Convention (12C)	Special (12S)	
 July 15 Quarter October 15 Quarter 	tada Darad (OD)	ection on		in the State of
January. 31 Yea	r-End Report (YE) (c): 30-1	Day POST-Election Report for	the:	
uni u Xansa Arabian 		General (30G)	Runoff (30R)	Special (30S)
Termination Rep	port (TER)	ection on	/ • • • • • • • •	in the State of
5. Covering Period	04 01 / Y Y 04 01 201	9 through	06 30 / Y Y	019
	Herl, Kristy, M,	of my knowledge and belief it	is true, correct and compl	lete.
Signature of Treasurer	Herl, Kristy, M, , Kristy	- m Herl	Date	i 201 9
NOTE: Submission of false, er	roneous, or incomplete informa	tion may subject the person sigr	ning this Report to the penal	ties of 52 U.S.C. §30109
Office Use Only			· · ·	C FORM 3 evised 05/2016)

i.

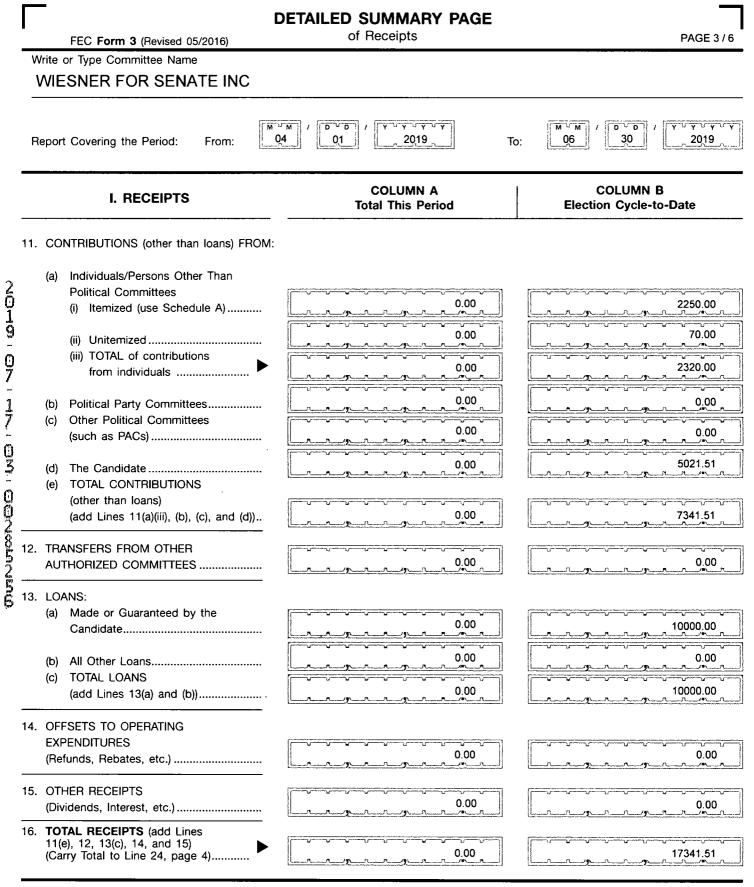
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For further information contact:

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

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



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Γ	FEC Form 3 (Revised 05/2016)	FAILED SUMMARY PAGE of Disbursements	PAGE 4 / 6		
	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date		
17.		7.00	15960.99 ()		
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00		
19.	LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00		
2019 —	 (b) Of All Other Loans (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)) 	0.00	0.00		
	REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees				
	 (c) Other Political Committees (such as PACs) (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)) 	0.00	0.00 (7) (7) (7) (7) (7) (7) (7)		
2 —	OTHER DISBURSEMENTS	0.00	0.00		
22.	total disbursements (add Lines 17, 18, 19(c), 20(d), and 21)	7.00	15960.99		
	III. CASH SUMM	IARY			
23.	CASH ON HAND AT BEGINNING OF REPORTIN	G PERIOD	151.91		
24	TOTAL RECEIPTS THIS PERIOD (from Line 16, p	cage 3)	0.00		
25.	25. SUBTOTAL (add Line 23 and Line 24)				
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Li	ne 22)	7.00		
27.	CASH ON HAND AT CLOSE OF REPORTING PE (subtract Line 26 from Line 25)		144.91		

					PAGE 5 OF		
SCHEDULE C (FEC Form 3) OANS			Use separate sched for each category o Detailed Summary F	ule(s) FOR LINE NUMBER: f the (check only one)			
ME OF COMMITTEE (In VIESNER FOR SE				Trans	action ID : SC/10.4143		
LOAN SOURCE Full Name (Last, First, Middle Initial) WIESNER, PATRICK, , ,				Memo Item Election: 2016			
Mailing Address 2717 ANN COURT					Other (specify) ▼		
City		State	ZIP Code	e			
LAWRENCE		кѕ	66046		× Personal Funds of the Can		
Original Amount of Loa	an	Cumulative Pa	ayment To D	Date B.	alance Outstanding at Close of This		
	10000.00			0.00	10000.00		
TERMS Date Inc	curred		Date Due	Interest R			
				(If none, en			
levenikeren Gereiker en		M M / D C	J / Y12/	150016Y	400		
^M 01 ^M / ^D 26 ^O /	Y 2016 Y	M M / D C	° (^v 12/ ³	15/2016 ^Y	4.00 (apr) Yes		
levenikeren Gereiker en	Land L	o Loan Source		15/2016 ^Y			
M01M / D260 /	Guarantors (if any) t	o Loan Source		Name of Employer			
List All Endorsers or (Guarantors (if any) t	o Loan Source					
List All Endorsers or (1. Full Name (Last, Fir	Guarantors (if any) t	o Loan Source		Name of Employer			
List All Endorsers or (1. Full Name (Last, Fin Mailing Address	Guarantors (if any) t			Name of Employer			
List All Endorsers or (1. Full Name (Last, Fir	Guarantors (if any) t	o Loan Source		Name of Employer Occupation Amount			
List All Endorsers or (1. Full Name (Last, Fin Mailing Address	Guarantors (if any) t rst, Middle Initial) State			Name of Employer Occupation Amount Guaranteed			
Mo1M / 26° / List All Endorsers or 0 1. Full Name (Last, Fin Mailing Address City	Guarantors (if any) t rst, Middle Initial) State			Name of Employer Occupation Amount Guaranteed Outstanding:			
Mo1 ^M / 26° / List All Endorsers or (1. Fuli Name (Last, Fir Mailing Address City 2. Full Name (Last, Firs	Guarantors (if any) t rst, Middle Initial) State			Name of Employer Occupation Amount Guaranteed Outstanding: Name of Employer Occupation			
Mo1 ^M / 26° / List All Endorsers or (1. Full Name (Last, Fin Mailing Address City 2. Full Name (Last, Firs Mailing Address	Guarantors (if any) tr rst, Middle Initial) State st, Middle Initial)	ZIP Code		Name of Employer Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Guaranteed	% (apr) Yes		
Mo1 ^M / 26° / List All Endorsers or (1. Fuli Name (Last, Fir Mailing Address City 2. Full Name (Last, Firs	Guarantors (if any) t rst, Middle Initial) State			Name of Employer Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed			
Mo1 ^M / 26° / List All Endorsers or (1. Full Name (Last, Fin Mailing Address City 2. Full Name (Last, Firs Mailing Address	Guarantors (if any) to rst, Middle Initial) State st, Middle Initial) State	ZIP Code		Name of Employer Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Guaranteed	% (apr) Yes		
Mo1 ^M / 26° / List All Endorsers or (1. Full Name (Last, Fin Mailing Address City 2. Full Name (Last, Fins Mailing Address City	Guarantors (if any) to rst, Middle Initial) State st, Middle Initial) State	ZIP Code		Name of Employer Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding:	% (apr) Yes		
M01 ^M P26 ^o / List All Endorsers or (/ 1. Full Name (Last, Fir Mailing Address City 2. Full Name (Last, First Mailing Address City 2. Full Name (Last, First Mailing Address City 3. Full Name (Last, First	Guarantors (if any) to rst, Middle Initial) State st, Middle Initial) State	ZIP Code		Name of Employer Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding: Name of Employer Name of Employer	% (apr) Yes		
M01 ^M P26 ^o / List All Endorsers or (/ 1. Full Name (Last, Fir Mailing Address City 2. Full Name (Last, First Mailing Address City 2. Full Name (Last, First Mailing Address City 3. Full Name (Last, First	Guarantors (if any) to rst, Middle Initial) State st, Middle Initial) State	ZIP Code		Name of Employer Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding:	% (apr) Yes		
Mo1 ^M / 26° / List All Endorsers or (1. Full Name (Last, Fir Mailing Address City 2. Full Name (Last, Firs Mailing Address City 3. Full Name (Last, Firs Mailing Address	Guarantors (if any) to rst, Middle Initial) State st, Middle Initial) State st, Middle Initial) State st, Middle Initial)	ZIP Code ZIP Code		Name of Employer Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding:	% (apr) Yes		
M01 ^M 26° List All Endorsers or (1. Full Name (Last, Fir Mailing Address City 2. Full Name (Last, First Mailing Address City 3. Full Name (Last, First Mailing Address City 3. Full Name (Last, First Mailing Address City City City City City	Guarantors (if any) to rst, Middle Initial) State st, Middle Initial) State st, Middle Initial) State st, Middle Initial)	ZIP Code ZIP Code		Name of Employer Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding:	% (apr) Yes		
M01 ^M P26 ^o List All Endorsers or (1. Fuli Name (Last, Fir Mailing Address City 2. Full Name (Last, First Mailing Address City 3. Full Name (Last, First Mailing Address City 3. Full Name (Last, First Mailing Address City 3. Full Name (Last, First Mailing Address City 4. Full Name (Last, First	Guarantors (if any) to rst, Middle Initial) State st, Middle Initial) State st, Middle Initial) State st, Middle Initial)	ZIP Code ZIP Code		Name of Employer Occupation Amount Guaranteed Outstanding: Name of Employer Occupation	% (apr) Yes		
M01 ^M P26 ^o List All Endorsers or (1. Fuli Name (Last, Fir Mailing Address City 2. Full Name (Last, First Mailing Address City 3. Full Name (Last, First Mailing Address City 3. Full Name (Last, First Mailing Address City 3. Full Name (Last, First Mailing Address City 4. Full Name (Last, First	Guarantors (if any) to rst, Middle Initial) State st, Middle Initial) State st, Middle Initial) State st, Middle Initial)	ZIP Code ZIP Code		Name of Employer Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding: Name of Employer Name of Employer Name of Employer	% (apr) Yes		

FEC Schedule C (Form 3) (Revised 05/2016)

10000.00

TOTALS This Period (last page in this line only)

SUBTOTALS This Period This Page (optional)

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

CHEDULE C (FEC Forr	m 3)			Use separate schedul for each category of t Detailed Summary Pa	the (check only one) X 13a
AME OF COMMITTEE (In Full)	INC			Transa	ction ID : SC/10.4284
LOAN SOURCE Full Name (Las WIESNER, PATRICK, ,		le Initial)		🗌 Memó Item	Election: 2016 Primary K General
Mailing Address 2717 ANN COURT					Other (specify) ▼
	S	itate KS	ZIP Code 66046	e	Personal Funds of the Candidat
Original Amount of Loan	000.00	Cumulative Pa	ayment To D	Date Bala	ance Outstanding at Close of This Perio
TERMS Date Incurred			Date Due	Interest Rat (If none, ente 31/2016 ^Y 4	e Secured: r 0)
List All Endorsers or Guaranto 1. Full Name (Last, First, Middl	urs (if any) to	Loan Source		Name of Employer	neget with the second
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	ŢŢ
2. Full Name (Last, First, Middle	I e Initial)	<u> </u>		Name of Employer	- <u></u>
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	(j)(i)(i)
3. Full Name (Last, First, Middle	e Initial)			Name of Employer	<u>_</u>
Mailing Address	-			Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	<u>n</u>
4. Full Name (Last, First, Middle	e Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	
UBTOTALS This Period This Pag	e (optional)			······	10000.00
OTALS This Period (last page in	this line only)				<u>5</u> <u>(</u>) <u>20000.00</u> () <u>5</u> <u>(</u>) <u>6</u> <u>(</u>)
Carry outstanding balance only to	LINE 3, Sche	dule D, for thi	is line. If n	o Schedule D, carry for	ward to appropriate line of Summary.

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Federal Election Commiss ENVELOPE REPLACEMENT PAGE FOR INC The FEC added this page to the end of this filing to	COMING DOCUMENTS
Hand Delivered	Date of Receipt
Postmarked USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C) $\overrightarrow{7} = 11 = 16$
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Overnight Delivery Service (Specify):	Shipping Date
Next	Business Day Delivery
Received from House Records & Registration Off	Date of Receipt ice
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Conter (Specify):	Date of Receipt or Postmarked
mf	7-17-19
PREPARER	DATE PREPARED
(3/2015)	

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