FEC FORM 1	STATEMEI ORGANIZ		PAGE 1 / 4 -
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
Kansas Leader	s PAC		
ADDRESS (number and street	PO Box 26141		
(Check if address is changed)			
	Alexandria └ │ │ │ │ │ │ │ │ │ │ CITY ▲		VA     22313-6141       STATE▲     ZIP CODE▲
COMMITTEE'S E-MAIL ADE	RESS		
(Check if address is changed)	chris@electioncfo.com		
	Optional Second E-Mail Ad	dress	
(Check if address is changed)			
2. DATE 02	03 / Y Y Y Y 03		
3. FEC IDENTIFICATION	NUMBER ► C C	00632323	
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)	
I certify that I have examine	d this Statement and to the best	of my knowledge and belief	t is true, correct and complete.
Type or Print Name of Treas	urer Marston, Chris, , ,		
Signature of Treasurer	larston, Chris, , ,	[Electronically Filed]	Date 02 03 2017
NOTE: Submission of false, er		may subject the person signing	this Statement to the penalties of 2 U.S.C. §437 WITHIN 10 DAYS.
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	

Image# 201702039042412262

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TYPE OF COMMITTEE	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information b	elow.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. information below.)	(Complete the candidate
Name of         Candidate	
Candidate Office Party Affiliation Office Sought: House Senate Preside	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee	ee.
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Par
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) I	Its connected organization is
Corporation Corporation w/o Capital Stock	Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separ- committee. (i.e., nonconnected committee)	ate segregated fund or par
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds committees/organizations, at least one of which is an authorized committee of a federal candi	
<ul> <li>This committee collects contributions, pays fundraising expenses and disburses net proceeds committees/organizations, none of which is an authorized committee of a federal candidate.</li> </ul>	or two or more political
Committees Participating in Joint Fundraiser	
1 FEC ID number C	
2 FEC ID number C	
3 FEC ID number C	
4.	

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Write or Type Committee Name

## Kansas Leaders PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

R	oger W Ma	rshall																	
	Mailing Address		PO Box 1588																
			Great Bend									KS		6753	0		-	I	
			<u> </u>		CITY							STAT	E	<u> </u>	Z	IP C	ODE		
	Relationship:	Connected	Organization	Affiliate	ed Con	nmitte	e	Join	t Fun	drais	sing l	Repres	entati	ve 🗴	Lead	ershi	p PA	C Sp	oonsor
7.	. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.																		
		Hankins, B	renda, , ,																
	Full Name																		
	Mailing Address		PO Box 2614	1															
			Alexandria									VA		2231	3		- [_		
	Title or Position				CITY							STATE			Z	IP C	DDE		
	Assistant Treasu	urer						Te	lepho	one i	numl	ber		–			- [_		

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer	Marston, Chris, , ,
Mailing Address	PO Box 26141
	Alexandria
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number

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																							_
Full Name of Designated Agent				 																			
Mailing Address																							
																				-			
					CI	TΥ								STA	ΛΤΕ			ZIF	D C	OD	Е		
Title or Position																							
									Tele	eph	one	e ni	umt	ber									

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Eagle	Bank		
Mailing Address	277 S Washington St		
	Alexandria		2314
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE