

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For 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 Marshall

ADDRESS (number and street)

PO Box 1588

Check if different
than previously
reported. (ACC)

Great Bend

KS

67530

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C

C00576173

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

KS

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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 Richard A Ball

Signature of Treasurer

Richard A Ball

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Kansans for Marshall

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	108525.55	264105.55
(b) Total Contribution Refunds (from Line 20(d))	2700.00	2700.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	105825.55	261405.55
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	64484.97	147919.72
(b) Total Offsets to Operating Expenditures (from Line 14).....	.00	.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	64484.97	147919.72
8. Cash on Hand at Close of Reporting Period (from Line 27).....	192485.83	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	79000.00	

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

FEC Form 3 (Revised 12/2003)

PAGE 3 / 72

Write or Type Committee Name

Kansans for Marshall

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

96455.00

230180.00

(ii) Unitemized.....

7060.00

26215.00

(iii) TOTAL of contributions from individuals ▶

103515.00

256395.00

(b) Political Party Committees.....

.00

.00

(c) Other Political Committees (such as PACs).....

.00

2700.00

(d) The Candidate.....

5010.55

5010.55

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

108525.55

264105.55

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

.00

.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

50000.00

79000.00

(b) All Other Loans.....

.00

.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

50000.00

79000.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

.00

.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

.00

.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

158525.55

343105.55

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 72

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	64484.97	147919.72
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES00	.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	.00	.00
(b) Of All Other Loans00	.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	.00	.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees00	.00
(b) Political Party Committees.....	.00	.00
(c) Other Political Committees (such as PACs)	2700.00	2700.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	2700.00	2700.00
21. OTHER DISBURSEMENTS00	.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	67184.97	150619.72

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	101145.25
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	158525.55
25. SUBTOTAL (add Line 23 and Line 24).....	259670.80
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	67184.97
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	192485.83

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

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

FOR LINE NUMBER:

PAGE 5 OF 72

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Kansans for Marshall

A. Full Name (Last, First, Middle Initial) David Ayers		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>24</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	08		24		2015
M M	/	D D	/	Y Y Y Y									
08		24		2015									
Mailing Address 11326 W. 141st St.		Transaction ID : SA11Ai-CN1502											
City Overland Park	State KS	Zip Code 66221	Amount of Each Receipt this Period <table border="1"> <tr> <td>2700.00</td> </tr> </table>	2700.00									
2700.00													
FEC ID number of contributing federal political committee. <div>C</div>													
Name of Employer Nueterra Healthcare	Occupation CEO												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>2700.00</td> </tr> </table>		2700.00										
2700.00													
B. Full Name (Last, First, Middle Initial) Susan Ayers		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>24</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	08		24		2015
M M	/	D D	/	Y Y Y Y									
08		24		2015									
Mailing Address 11326 W. 141st St.		Transaction ID : SA11Ai-CN1503											
City Overland Park	State KS	Zip Code 66221	Amount of Each Receipt this Period <table border="1"> <tr> <td>2700.00</td> </tr> </table>	2700.00									
2700.00													
FEC ID number of contributing federal political committee. <div>C</div>													
Name of Employer Not Employed	Occupation Not Employed												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>2700.00</td> </tr> </table>		2700.00										
2700.00													
C. Full Name (Last, First, Middle Initial) Gentry Barraza		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>24</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	08		24		2015
M M	/	D D	/	Y Y Y Y									
08		24		2015									
Mailing Address 14600 Reinhardt Ln.		Transaction ID : SA11Ai-CN1511											
City Leawood	State KS	Zip Code 66224	Amount of Each Receipt this Period <table border="1"> <tr> <td>2700.00</td> </tr> </table>	2700.00									
2700.00													
FEC ID number of contributing federal political committee. <div>C</div>													
Name of Employer Homemaker	Occupation Homemaker												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>2700.00</td> </tr> </table>		2700.00										
2700.00													
SUBTOTAL of Receipts This Page (optional).....		<table border="1"> <tr> <td>8100.00</td> </tr> </table>		8100.00									
8100.00													
TOTAL This Period (last page this line number only).....		<table border="1"> <tr> <td></td> </tr> </table>											

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 72

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Kansans for Marshall

A. Full Name (Last, First, Middle Initial) George Barraza		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>24</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	08		24		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
08		24		2015									
Mailing Address 14600 Reinhardt Ln.		Transaction ID : SA11Ai-CN1510											
City Leawood	State KS	Zip Code 66224	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>2700.00</td> </tr> </table>						2700.00				
					2700.00								
FEC ID number of contributing federal political committee. <div>C</div>													
Name of Employer Neuterra	Occupation Director Media & Marketing												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>2700.00</td> </tr> </table>								2700.00				
					2700.00								
B. Full Name (Last, First, Middle Initial) William Benedict		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>21</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	08		21		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
08		21		2015									
Mailing Address 20311 W 92nd St		Transaction ID : SA11Ai-CN1494											
City Lenexa	State KS	Zip Code 66220	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>1450.00</td> </tr> </table>						1450.00				
					1450.00								
FEC ID number of contributing federal political committee. <div>C</div>													
Name of Employer Self Employed	Occupation Transportation & Logistics												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>1500.00</td> </tr> </table>								1500.00				
					1500.00								
C. Full Name (Last, First, Middle Initial) Maha Bishr		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>24</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	08		24		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
08		24		2015									
Mailing Address 3219 W. 82nd Terr.		Transaction ID : SA11Ai-CN1509											
City Leawood	State KS	Zip Code 66206	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>2700.00</td> </tr> </table>						2700.00				
					2700.00								
FEC ID number of contributing federal political committee. <div>C</div>													
Name of Employer Kansas City KS Public Schools	Occupation Speech Pathologist												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>2700.00</td> </tr> </table>								2700.00				
					2700.00								
SUBTOTAL of Receipts This Page (optional).....		<table border="1"> <tr> <td colspan="5"></td> <td>6850.00</td> </tr> </table>							6850.00				
					6850.00								
TOTAL This Period (last page this line number only).....		<table border="1"> <tr> <td colspan="5"></td> <td></td> </tr> </table>											

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 72

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Kansans for Marshall

A. Full Name (Last, First, Middle Initial)
Wesley Evan Campbell

Mailing Address 106 Diamond Hill Dr

City State Zip Code
Garden City KS 67846

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wheatland ElectricOccupation
Board Of Directors

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : SA11Ai-CN1525

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Linda Donovan

Mailing Address 605 Sunset Dr

City State Zip Code
Norton KS 67654-1240

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nelson CattleOccupation
Farmer

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2015

Transaction ID : SA11Ai-CN1443

Amount of Each Receipt this Period

2700.00

C. Full Name (Last, First, Middle Initial)
Patrick J Donovan

Mailing Address 605 Sunset Dr

City State Zip Code
Norton KS 67654-1240

FEC ID number of contributing
federal political committee.

C

Name of Employer
Donovan FarmsOccupation
Farmer

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2015

Transaction ID : SA11Ai-CN1442

Amount of Each Receipt this Period

2700.00

SUBTOTAL of Receipts This Page (optional).....

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

5650.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 72

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kansans for Marshall

A. Full Name (Last, First, Middle Initial)
Dr. Kenton R Driver

Mailing Address 1601 E. Iron

City State Zip Code
Salina KS 67401

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

Name of Employer Occupation
Drs Driver And Clark Opthmalogisat

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

M M / D D / Y Y Y Y
09 28 2015

Transaction ID : SA11Ai-CN1569

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Benjamin Foster

Mailing Address 10603 W 164th Ter

City State Zip Code
Overland Park KS 66221

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

Name of Employer Occupation
Twin Valley Telephone Inc. CEO

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

M M / D D / Y Y Y Y
07 20 2015

Transaction ID : SA11Ai-CN1453

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Robert L Gaskill

Mailing Address 401 N Wilson Ave

City State Zip Code
Oberlin KS 67749

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

Name of Employer Occupation
The Bank Ranching Banking Insurance

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt

M M / D D / Y Y Y Y
09 16 2015

Transaction ID : SA11Ai-CN1539

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

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

1000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 OF 72

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Kansans for Marshall

A. Full Name (Last, First, Middle Initial)
Stephen Joseph Goetz

Mailing Address 4943 Quail Creek Dr

City State Zip Code
Great Bend KS 67530

FEC ID number of contributing
federal political committee.

C

Name of Employer
Goetz Real Estate & Appraisal ServiceOccupation
Real Estate

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		09		2015

Transaction ID : SA11Ai-CN1535

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Linda Gordon

Mailing Address 30 B St.

City State Zip Code
Lake Lotawana MO 64086

FEC ID number of contributing
federal political committee.

C

Name of Employer
AtalletaOccupation
Retail Services

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		24		2015

Transaction ID : SA11Ai-CN1499

Amount of Each Receipt this Period

2700.00

C. Full Name (Last, First, Middle Initial)
Dr. Jesse L. Grove

Mailing Address 1309 Williams

City State Zip Code
Great Bend KS 67530

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Chiropractor

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		01		2015

Transaction ID : SA11Ai-CN1428

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

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

3450.00

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

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

FOR LINE NUMBER:

PAGE 10 OF 72

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Kansans for Marshall

A. Full Name (Last, First, Middle Initial)
Mr. J. Michael Hayden

Mailing Address 5809 Sagamore Ct

City	State	Zip Code
Lawrence	KS	66047

FEC ID number of contributing
federal political committee.

C

Name of Employer
MO. River Assoc Of States & Tribes

Occupation
Executive Director

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2015

Transaction ID : SA11Ai-CN1523

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Patti Hayden

Mailing Address 5809 Sagamore Ct

City	State	Zip Code
Lawrence	KS	66047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2015

Transaction ID : SA11Ai-CN1524

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Tammy A Hayden

Mailing Address 155 NW 10th Ave

City	State	Zip Code
Great Bend	KS	67530-9352

FEC ID number of contributing
federal political committee.

C

Name of Employer
Becker Tire

Occupation
Credit Manager

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2015

Transaction ID : SA11Ai-CN1473

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

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

1000.00

X	11a		11b		11c		11d		
	12		13a		13b		14		15

NAME OF COMMITTEE (In Full)
Kansans for Marshall

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

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

FOR LINE NUMBER:

PAGE 12 OF 72

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Kansans for Marshall

Full Name (Last, First, Middle Initial)

A. Mr. Randal Krug

Mailing Address 1624 Eaglecrest Rd

City

Salina

State

KS

Zip Code

67401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Financial Advisor

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		10		2015

Transaction ID : SA11Ai-CN1489

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Gerald W. Lauber

Mailing Address 1912 SW 33rd

City

Topeka

State

KS

Zip Code

66611

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaw Valley Bank

Occupation

President

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		13		2015

Transaction ID : SA11Ai-CN1448

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Arthur L Lee

Mailing Address 390 Curtis St

City

Long Island

State

KS

Zip Code

67647

FEC ID number of contributing
federal political committee.

C

Name of Employer

Art Lee Farm

Occupation

Farmer

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		06		2015

Transaction ID : SA11Ai-CN1440

Amount of Each Receipt this Period

2700.00

SUBTOTAL of Receipts This Page (optional).....

3700.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 72

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Kansans for Marshall

A. Full Name (Last, First, Middle Initial)
Kay L Lee

Mailing Address 390 Curtis St

City State Zip Code
Long Island KS 67647

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

Name of Employer Occupation
Valley Feed Mill Farmer

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2015

Transaction ID : SA11Ai-CN1441

Amount of Each Receipt this Period

2700.00

B. Full Name (Last, First, Middle Initial)
Robert Marasco

Mailing Address PO Box 981330

City State Zip Code
Park City UT 84098

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2015

Transaction ID : SA11Ai-CN1450

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
David D Marmie

Mailing Address 4100 Falcon

City State Zip Code
Great Bend KS 67530

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

Name of Employer Occupation
Marmie Motors Owner

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2015

Transaction ID : SA11Ai-CN1545

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 72

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Kansans for Marshall

A. Full Name (Last, First, Middle Initial)
John C Martin

Mailing Address 14013 Reeder Rd.

City	State	Zip Code
Overland Park	KS	66221

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

Name of Employer	Occupation
Self Employed	Accountant

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2015

Transaction ID : SA11Ai-CN1560

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Denise Mayhew

Mailing Address 12720 Woodson Street

City	State	Zip Code
Overland Park	KS	66209

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

Name of Employer	Occupation
Nueterra	CAO

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2015

Transaction ID : SA11Ai-CN1500

Amount of Each Receipt this Period

2700.00

C. Full Name (Last, First, Middle Initial)
Sam Mayhew

Mailing Address 12720 Woodson Street

City	State	Zip Code
Overland Park	KS	66209

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

Name of Employer	Occupation
Bukaty Companies	Insurance Broker

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2015

Transaction ID : SA11Ai-CN1501

Amount of Each Receipt this Period

2700.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

5900.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER:
 (check only one)

PAGE 15 OF 72

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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 NAME OF COMMITTEE (In Full)
Kansans for Marshall

A. Full Name (Last, First, Middle Initial) Karen R. Moore			Date of Receipt M M / D D / Y Y Y Y Y 09 / 02 / 2015	
Mailing Address 14557 Sherwood Rd.			Transaction ID : SA11Ai-CN1528	
City	State	Zip Code	Amount of Each Receipt this Period 2700.00	
Leawood	KS	66224		
FEC ID number of contributing federal political committee.		C		
Name of Employer Nueterra		Occupation Executive Assistant		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2700.00		
B. Full Name (Last, First, Middle Initial) Dennis Alan Mullin			Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2015	
Mailing Address 1305 Sharingbrook Dr			Transaction ID : SA11Ai-CN1452	
City	State	Zip Code	Amount of Each Receipt this Period 1000.00	
Manhattan	KS	66503		
FEC ID number of contributing federal political committee.		C		
Name of Employer Steel and Pipe Supply Co. Inc.		Occupation CEO		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		
C. Full Name (Last, First, Middle Initial) Clarke Spencer Nelson			Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2015	
Mailing Address 1271 W Fox Rd			Transaction ID : SA11Ai-CN1444	
City	State	Zip Code	Amount of Each Receipt this Period 2700.00	
Long Island	KS	67647		
FEC ID number of contributing federal political committee.		C		
Name of Employer Self Employed		Occupation Farmer		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2700.00		
SUBTOTAL of Receipts This Page (optional).....			6400.00	
TOTAL This Period (last page this line number only).....				

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 16 OF 72

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Kansans for Marshall

A. Full Name (Last, First, Middle Initial)
Julia J Nelson

Mailing Address 1271 W. Fox Rd.

City Long Island	State KS	Zip Code 67647
---------------------	-------------	-------------------

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

Name of Employer Valley Feed	Occupation Farmer
---------------------------------	----------------------

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 06 / 2015

Transaction ID : SA11Ai-CN1445

Amount of Each Receipt this Period

2700.00

B. Full Name (Last, First, Middle Initial)
Marcia Kay Nelson

Mailing Address 25998 State Hwy 383

City Almena	State KS	Zip Code 67622
----------------	-------------	-------------------

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

Name of Employer Housewife	Occupation Housewife
-------------------------------	-------------------------

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 06 / 2015

Transaction ID : SA11Ai-CN1437

Amount of Each Receipt this Period

2700.00

C. Full Name (Last, First, Middle Initial)
Terry Nelson

Mailing Address 1271 W. Fox Rd.

City Long Island	State KS	Zip Code 67647
---------------------	-------------	-------------------

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

Name of Employer Nelson Farms	Occupation Farmer
----------------------------------	----------------------

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 06 / 2015

Transaction ID : SA11Ai-CN1436

Amount of Each Receipt this Period

2700.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

8100.00

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

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

FOR LINE NUMBER: PAGE 17 OF 72
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kansans for Marshall

Full Name (Last, First, Middle Initial) Shelley A. O'Brien		Date of Receipt M M / D D / Y Y Y Y Y 08 / 24 / 2015	
Mailing Address 14702 Sherwood		Transaction ID : SA11Ai-CN1497	
City Leawood	State KS		Zip Code 66224
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 2700.00
Name of Employer Homemaker	Occupation Homemaker		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		

Full Name (Last, First, Middle Initial) Timothy D O'Brien		Date of Receipt M M / D D / Y Y Y Y Y 08 / 24 / 2015	
Mailing Address 14702 Sherwood		Transaction ID : SA11Ai-CN1496	
City Leawood	State KS		Zip Code 66224
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 2700.00
Name of Employer Nueterra	Occupation COO		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		

Full Name (Last, First, Middle Initial) Ted Eric Odle		Date of Receipt M M / D D / Y Y Y Y Y 08 / 27 / 2015	
Mailing Address 307 Liberty Drive		Transaction ID : SA11Ai-CN1519	
City Mcpherson	State KS		Zip Code 67460
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 250.00
Name of Employer Home State Bank & Trust	Occupation President		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	5650.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 18 OF 72

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Kansans for Marshall

A. Full Name (Last, First, Middle Initial)
Robyn Priest

Mailing Address 5811 W. 157th Place

City Overland Park	State KS	Zip Code 66223
-----------------------	-------------	-------------------

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

Name of Employer Homemaker	Occupation Homemaker
-------------------------------	-------------------------

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2015

Transaction ID : SA11Ai-CN1513

Amount of Each Receipt this Period

2700.00

B. Full Name (Last, First, Middle Initial)
Tim Priest

Mailing Address 5811 W. 157th Place

City Overland Park	State KS	Zip Code 66223
-----------------------	-------------	-------------------

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

Name of Employer Nueterra	Occupation Research & Development
------------------------------	--------------------------------------

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2015

Transaction ID : SA11Ai-CN1512

Amount of Each Receipt this Period

2700.00

C. Full Name (Last, First, Middle Initial)
Lee M Reeve

Mailing Address 1328 Hineman Dr

City Garden City	State KS	Zip Code 67846-3537
---------------------	-------------	------------------------

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

Name of Employer Reeve Cattle Co. Inc.	Occupation Owner
---	---------------------

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2015

Transaction ID : SA11Ai-CN1568

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

5900.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 19 OF 72

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Kansans for MarshallA. Full Name (Last, First, Middle Initial)
Mark A Rondeau

Mailing Address 3105 Broadway

City	State	Zip Code
Great Bend	KS	67530

FEC ID number of contributing
federal political committee.

C

Name of Employer
Watkins Calcara Chtd.Occupation
Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		10		2015

Transaction ID : SA11Ai-CN1447

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Kent A Roth

Mailing Address 314 W 3rd

City	State	Zip Code
Ellinwood	KS	67526

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roth Law OfficeOccupation
Lawyer

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2015

Transaction ID : SA11Ai-CN1467

Amount of Each Receipt this Period

400.00

C. Full Name (Last, First, Middle Initial)
Dan Saale

Mailing Address 30 B St.

City	State	Zip Code
Lake Lotawana	MO	64086

FEC ID number of contributing
federal political committee.

C

Name of Employer
NueterraOccupation
CFO

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2015

Transaction ID : SA11Ai-CN1498

Amount of Each Receipt this Period

2700.00

SUBTOTAL of Receipts This Page (optional).....

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

3350.00

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

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

FOR LINE NUMBER:

PAGE 20 OF 72

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Kansans for Marshall

A. Full Name (Last, First, Middle Initial)
Jenifer Ann Sanderson

Mailing Address **PO Box 374**

City Goodland	State KS	Zip Code 67735
-------------------------	--------------------	--------------------------

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

Name of Employer CNI LLC	Occupation Franchisee
------------------------------------	---------------------------------

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 16 / 2015

Transaction ID : SA11Ai-CN1540

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Theodore J Sanko

Mailing Address **912 Westridge Ave**

City Norton	State KS	Zip Code 67654-2305
-----------------------	--------------------	-------------------------------

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

Name of Employer Garrett Plumbing Heating & Electric	Occupation Owner
--	----------------------------

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2015

Transaction ID : SA11Ai-CN1466

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Dr. Michael J Schekall

Mailing Address **1804 N. Paddock Green Ct.**

City Wichita	State KS	Zip Code 67206-4407
------------------------	--------------------	-------------------------------

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

Name of Employer Hutchinson Clinic	Occupation Physician
--	--------------------------------

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 24 / 2015

Transaction ID : SA11Ai-CN1470

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

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

750.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 72

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Kansans for MarshallFull Name (Last, First, Middle Initial)
A. Mark Schukman

Mailing Address 11418 W 132rd Ct

City	State	Zip Code
Overland Park	KS	66213

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCA MidwestOccupation
Physical Therapist

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2015

Transaction ID : SA11Ai-CN1477

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)
B. Duane I. Sell

Mailing Address 1476 W Granite Rd

City	State	Zip Code
Long Island	KS	67647

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Farmer

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2015

Transaction ID : SA11Ai-CN1439

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)
C. Janet Marie Sell

Mailing Address 1476 W Granite Rd

City	State	Zip Code
Long Island	KS	67647

FEC ID number of contributing
federal political committee.

C

Name of Employer
Almina Ag. ServiceOccupation
Farmer

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2015

Transaction ID : SA11Ai-CN1438

Amount of Each Receipt this Period

2700.00

SUBTOTAL of Receipts This Page (optional).....

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

5650.00

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

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

FOR LINE NUMBER: PAGE 22 OF 72
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kansans for Marshall

Full Name (Last, First, Middle Initial) Ronald C Shortridge		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2015	
Mailing Address 203 Bullard Dr		Transaction ID : SA11Ai-CN1567	
City Garden City	State KS		Zip Code 67846-9677
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation CPA		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Amount of Each Receipt this Period 500.00	
Election Cycle-to-Date 500.00			

Full Name (Last, First, Middle Initial) Julie Anne Spray		Date of Receipt M M / D D / Y Y Y Y Y 08 / 05 / 2015	
Mailing Address 4935 Quail Creek Dr		Transaction ID : SA11Ai-CN1483	
City Great Bend	State KS		Zip Code 67530
FEC ID number of contributing federal political committee. C			
Name of Employer Housewife	Occupation Housewife		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Amount of Each Receipt this Period 1000.00	
Election Cycle-to-Date 1000.00			

Full Name (Last, First, Middle Initial) Brandon Tasset		Date of Receipt M M / D D / Y Y Y Y Y 08 / 24 / 2015	
Mailing Address 5810 W. 140th Ter		Transaction ID : SA11Ai-CN1506	
City Overland Park	State KS		Zip Code 66223
FEC ID number of contributing federal political committee. C			
Name of Employer Nuetera	Occupation VP Strategic Planning & Development		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Amount of Each Receipt this Period 2700.00	
Election Cycle-to-Date 2700.00			

SUBTOTAL of Receipts This Page (optional).....	4200.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 23 OF 72

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kansans for Marshall

A. Full Name (Last, First, Middle Initial)
Mr. Daniel Tasset

Mailing Address 14557 Sherwood Rd.

City State Zip Code
Leawood KS 66224

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nueterra

Occupation
CEO/Chairman

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M / D D / Y Y Y Y
09 02 2015

Transaction ID : SA11Ai-CN1527

Amount of Each Receipt this Period

2700.00

B. Full Name (Last, First, Middle Initial)
Jeremy D Tasset

Mailing Address 15737 Mohawk Street

City State Zip Code
Overland Park KS 66224

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nueterra Capital Management

Occupation
Vice President

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M / D D / Y Y Y Y
08 24 2015

Transaction ID : SA11Ai-CN1504

Amount of Each Receipt this Period

1700.00

C. Full Name (Last, First, Middle Initial)
Katherine Tasset

Mailing Address 5810 W. 140th Ter

City State Zip Code
Overland Park KS 66223

FEC ID number of contributing
federal political committee.

C

Name of Employer
Not Employed

Occupation
Not Employed

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M / D D / Y Y Y Y
08 24 2015

Transaction ID : SA11Ai-CN1507

Amount of Each Receipt this Period

2700.00

SUBTOTAL of Receipts This Page (optional).....

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

7100.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 72

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Kansans for Marshall

A. Full Name (Last, First, Middle Initial) Kim M. Tasset			Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>24</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	08		24		2015
M M	/	D D	/	Y Y Y Y										
08		24		2015										
Mailing Address 15737 Mohawk Street			Transaction ID : SA11Ai-CN1505											
City Overland Park	State KS	Zip Code 66224	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">2700.00</td> </tr> </table>		2700.00									
2700.00														
FEC ID number of contributing federal political committee. <table border="1"> <tr> <td>C</td> <td colspan="4"></td> </tr> </table>			C											
C														
Name of Employer Kead Promotions		Occupation Owner												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">2700.00</td> </tr> </table>			2700.00									
2700.00														
B. Full Name (Last, First, Middle Initial) Travis Tasset			Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>24</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	08		24		2015
M M	/	D D	/	Y Y Y Y										
08		24		2015										
Mailing Address 3219 W. 82nd Terr.			Transaction ID : SA11Ai-CN1508											
City Leawood	State KS	Zip Code 66206	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">2700.00</td> </tr> </table>		2700.00									
2700.00														
FEC ID number of contributing federal political committee. <table border="1"> <tr> <td>C</td> <td colspan="4"></td> </tr> </table>			C											
C														
Name of Employer Nueterra		Occupation VP Organizational Development												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">2700.00</td> </tr> </table>			2700.00									
2700.00														
C. Full Name (Last, First, Middle Initial) Rodger L Van Loenen			Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>06</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	07		06		2015
M M	/	D D	/	Y Y Y Y										
07		06		2015										
Mailing Address 202 Holland St			Transaction ID : SA11Ai-CN1431											
City Prairie View	State KS	Zip Code 67664	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">500.00</td> </tr> </table>		500.00									
500.00														
FEC ID number of contributing federal political committee. <table border="1"> <tr> <td>C</td> <td colspan="4"></td> </tr> </table>			C											
C														
Name of Employer Farmers State Bank		Occupation Banking												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">1000.00</td> </tr> </table>			1000.00									
1000.00														
SUBTOTAL of Receipts This Page (optional).....			<table border="1"> <tr> <td colspan="5">5900.00</td> </tr> </table>		5900.00									
5900.00														
TOTAL This Period (last page this line number only).....			<table border="1"> <tr> <td colspan="5"></td> </tr> </table>											

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

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

FOR LINE NUMBER:

PAGE 25 OF 72

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Kansans for Marshall

A. Full Name (Last, First, Middle Initial)
Mr. Christopher J Weems

Mailing Address 489 Dawson Ave.

City San Jose	State CA	Zip Code 95125
------------------	-------------	-------------------

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

Name of Employer Facebook	Occupation Designer
------------------------------	------------------------

Receipt For: 2016
☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date
 2750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2015

Transaction ID : SA11Ai-CN1541

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
Lauren Weems

Mailing Address 489 Dawson Ave

City San Jose	State CA	Zip Code 95125
------------------	-------------	-------------------

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

Name of Employer Self Employed	Occupation Creative Arts Blogger
-----------------------------------	-------------------------------------

Receipt For: 2016
☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date
 2705.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11Ai-CN1573

Amount of Each Receipt this Period

5.00

C. Full Name (Last, First, Middle Initial)
Thomas Mckay Willis

Mailing Address 901 Apollo St

City Liberal	State KS	Zip Code 67901
-----------------	-------------	-------------------

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

Name of Employer Conestoga Energy Partners	Occupation CEO
---	-------------------

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2015

Transaction ID : SA11Ai-CN1563

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional).....

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

2555.00
96455.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 72

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
Kansans for Marshall

Full Name (Last, First, Middle Initial)

Roger W Marshall

Mailing Address 4501 Quail Creek Dr

City

Great Bend

State

KS

Zip Code

67530

FEC ID number of contributing
federal political committee.**C** H6KS01179

Name of Employer

Heartland Regional OBGYN

Occupation

Physician

Receipt For: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

5010.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : SA11D-CN1571

Amount of Each Receipt this Period

5010.55

In-Kind Received mileage

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)

Election Cycle-to-Date

Date of Receipt

M M M	/	D 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)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

5010.55

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

5010.55

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

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

FOR LINE NUMBER:

PAGE 27 OF 72

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kansans for Marshall

Full Name (Last, First, Middle Initial)

Dr. Roger Marshall

Mailing Address 4501 Quail Creek

City

Great Bend

State

KS

Zip Code

67530

FEC ID number of contributing
federal political committee.
☐ H6KS01179

Name of Employer

Great Bend Regional Hopsital

Occupation

doctor

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

50000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : SA13a-LN3

Amount of Each Receipt this Period

50000.00

Full Name (Last, First, Middle Initial)

B.
Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.
☐

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D 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.
☐

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

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

50000.00

50000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kansans for Marshall

Full Name (Last, First, Middle Initial)

A. Danielle Feist

Mailing Address 2508 Walnut Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		08		2015

City	State	Zip Code
Great Bend	KS	67530

Purpose of Disbursement
payroll

001

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Amount of Each Disbursement this Period

1120.93

Transaction ID : SB17-EX95

payroll

Full Name (Last, First, Middle Initial)

B. Danielle Feist

Mailing Address 2508 Walnut Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2015

City	State	Zip Code
Great Bend	KS	67530

Purpose of Disbursement
payroll

001

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Amount of Each Disbursement this Period

1120.94

Transaction ID : SB17-EX118

payroll

Full Name (Last, First, Middle Initial)

C. Danielle Feist

Mailing Address 2508 Walnut Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		03		2015

City	State	Zip Code
Great Bend	KS	67530

Purpose of Disbursement
reimburse for meals

001

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Amount of Each Disbursement this Period

40.57

Transaction ID : SB17-EX136

reimburse for meals

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2282.44

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kansans for Marshall

Full Name (Last, First, Middle Initial)

A. Danielle Feist

Mailing Address 2508 Walnut Drive

City	State	Zip Code
Great Bend	KS	67530

Purpose of Disbursement
payroll

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		03		2015

Amount of Each Disbursement this Period

1120.93

Transaction ID : SB17-EX151

payroll

Full Name (Last, First, Middle Initial)

B. Danielle Feist

Mailing Address 2508 Walnut Drive

City	State	Zip Code
Great Bend	KS	67530

Purpose of Disbursement
payroll

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		19		2015

Amount of Each Disbursement this Period

665.98

Transaction ID : SB17-EX155

payroll

Full Name (Last, First, Middle Initial)

C. Danielle Feist

Mailing Address 2508 Walnut Drive

City	State	Zip Code
Great Bend	KS	67530

Purpose of Disbursement
mileage reimbursement

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		31		2015

Amount of Each Disbursement this Period

121.90

Transaction ID : SB17-EX164

mileage reimbursement

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1908.81

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kansans for Marshall

Full Name (Last, First, Middle Initial)

A. Danielle Feist

Mailing Address 2508 Walnut Drive

City	State	Zip Code
Great Bend	KS	67530

Purpose of Disbursement
payroll

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		02		2015

Amount of Each Disbursement this Period

677.67

Transaction ID : SB17-EX163

payroll

Full Name (Last, First, Middle Initial)

B. Danielle Feist

Mailing Address 2508 Walnut Drive

City	State	Zip Code
Great Bend	KS	67530

Purpose of Disbursement
payroll

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		16		2015

Amount of Each Disbursement this Period

739.17

Transaction ID : SB17-EX209

payroll

Full Name (Last, First, Middle Initial)

C. Danielle Feist

Mailing Address 2508 Walnut Drive

City	State	Zip Code
Great Bend	KS	67530

Purpose of Disbursement
payroll

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2015

Amount of Each Disbursement this Period

703.08

Transaction ID : SB17-EX211

payroll

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2119.92

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Kansans for Marshall

Full Name (Last, First, Middle Initial)

A. Danielle Feist

Mailing Address 2508 Walnut Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2015

City	State	Zip Code
Great Bend	KS	67530

Purpose of Disbursement
mileage reimbursement

001

Amount of Each Disbursement this Period

24.73

Transaction ID : SB17-EX214

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

mileage reimbursement

State:

District:

Full Name (Last, First, Middle Initial)

B. Adams Brown Beran & BallMailing Address 2006 Broadway Suite 2A
PO Drawer J

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		03		2015

City	State	Zip Code
Great Bend	KS	67530

Purpose of Disbursement
Professional Accounting Services

001

Amount of Each Disbursement this Period

2999.07

Transaction ID : SB17-EX128

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Professional Accounting Services

State:

District:

Full Name (Last, First, Middle Initial)

C. Adams Brown Beran & BallMailing Address 2006 Broadway Suite 2A
PO Drawer J

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		31		2015

City	State	Zip Code
Great Bend	KS	67530

Purpose of Disbursement
Professional Accounting Services

001

Amount of Each Disbursement this Period

1417.28

Transaction ID : SB17-EX166

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Professional Accounting Services

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4441.08

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Kansans for Marshall

Full Name (Last, First, Middle Initial)

A. CMA Strategies Inc.

Mailing Address 201 Robert S. Kerr Suite 301

City	State	Zip Code
Oklahoma City	OK	73102

Purpose of Disbursement
general campaign consulting

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		13		2015

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17-EX112

general campaign consulting

B. CMA Strategies Inc.

Mailing Address 201 Robert S. Kerr Suite 301

City	State	Zip Code
Oklahoma City	OK	73102

Purpose of Disbursement
mileage reimbursement and see memo

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		03		2015

Amount of Each Disbursement this Period

1883.74

Transaction ID : SB17-EX144

mileage reimbursement and see memo

C. Comfort Inn

Mailing Address 911 Grant St.

City	State	Zip Code
Great Bend	KS	67530

Purpose of Disbursement
lodging

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		03		2015

Amount of Each Disbursement this Period

322.33

Transaction ID : SB17-EX145

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6883.74

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Kansans for Marshall

A. Kansas Turnpike Authority Full Name (Last, First, Middle Initial) Mailing Address 850 E. 10th Ave City Wellington State KS Zip Code 67246 Purpose of Disbursement toll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:			Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2015 Amount of Each Disbursement this Period 2.00 Transaction ID : SB17-EX146 [MEMO ITEM]
B. CMA Strategies Inc. Full Name (Last, First, Middle Initial) Mailing Address 201 Robert S. Kerr Suite 301 City Oklahoma City State OK Zip Code 73102 Purpose of Disbursement see memo Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:			Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2015 Amount of Each Disbursement this Period 667.99 Transaction ID : SB17-EX149 see memo
C. Fed Ex Full Name (Last, First, Middle Initial) Mailing Address PO Box 660481 City Dallas State TX Zip Code 75266 Purpose of Disbursement shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:			Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2015 Amount of Each Disbursement this Period 171.56 Transaction ID : SB17-EX147 [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional).....			667.99
TOTAL This Period (last page this line number only).....			

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kansans for Marshall

Full Name (Last, First, Middle Initial)

A. Paper PlusMailing Address 290 Quadrum
Suite C-290

City Oklahoma City State OK Zip Code 73109

Purpose of Disbursement
printing

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	1	5

Amount of Each Disbursement this Period

156.43

Transaction ID : SB17-EX148

[MEMO ITEM]

B. United States Post Office

Mailing Address 2100 16th Street

City Great Bend State KS Zip Code 67530

Purpose of Disbursement
postage

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	1	5

Amount of Each Disbursement this Period

340.00

Transaction ID : SB17-EX150

[MEMO ITEM]

c. CMA Strategies Inc.

Mailing Address 201 Robert S. Kerr Suite 301

City Oklahoma City State OK Zip Code 73102

Purpose of Disbursement
general campaign consulting

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	5

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17-EX172

general campaign consulting

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

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

2000.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kansans for Marshall

Full Name (Last, First, Middle Initial)

A. CMA Strategies Inc.

Mailing Address 201 Robert S. Kerr Suite 301

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2015

City	State	Zip Code
Oklahoma City	OK	73102

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
general campaign consulting

001

Transaction ID : SB17-EX220

Candidate Name

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

general campaign consulting

State:

District:

Full Name (Last, First, Middle Initial)

B. Roger Marshall

Mailing Address 4501 Quail Creek Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		03		2015

City	State	Zip Code
Great Bend	KS	67530

Amount of Each Disbursement this Period

440.17

Purpose of Disbursement
reimbursement - see memo

004

Transaction ID : SB17-EX137

Candidate Name

Dr. Roger W Marshall OBGYN MD

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

reimbursement - see memo

State: KS

District: 01

Full Name (Last, First, Middle Initial)

C. Facebook

Mailing Address 1 Hacker Way

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		03		2015

City	State	Zip Code
Menlo Park	CA	94205

Amount of Each Disbursement this Period

440.17

Purpose of Disbursement
advertising

004

Transaction ID : SB17-EX138

Candidate Name

Dr. Roger W Marshall OBGYN MD

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

[MEMO ITEM]

State: KS

District: 01

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2440.17

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Kansans for Marshall

Full Name (Last, First, Middle Initial)

A. Roger Marshall

Mailing Address 4501 Quail Creek Drive

Date of Disbursement

M M	D D	Y Y Y Y
08	31	2015

City	State	Zip Code
Great Bend	KS	67530

Purpose of Disbursement
see memo

001

Amount of Each Disbursement this Period

37.55

Transaction ID : SB17-EX169

Candidate Name

Dr. Roger W Marshall OBGYN MDCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: KS District: 01

see memo

Full Name (Last, First, Middle Initial)

B. United States Post Office

Mailing Address 2100 16th Street

Date of Disbursement

M M	D D	Y Y Y Y
08	31	2015

City	State	Zip Code
Great Bend	KS	67530

Purpose of Disbursement
postage

001

Amount of Each Disbursement this Period

37.55

Transaction ID : SB17-EX170

Candidate Name

Dr. Roger W Marshall OBGYN MDCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: KS District: 01

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

c. Roger Marshall

Mailing Address 4501 Quail Creek Drive

Date of Disbursement

M M	D D	Y Y Y Y
09	30	2015

City	State	Zip Code
Great Bend	KS	67530

Purpose of Disbursement
reimbursement - see memo

004

Amount of Each Disbursement this Period

19.76

Transaction ID : SB17-EX216

Candidate Name

Dr. Roger W Marshall OBGYN MDCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: KS District: 01

reimbursement - see memo

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

57.31

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Kansans for Marshall

Full Name (Last, First, Middle Initial)

A. Great Bend Tribune

Mailing Address 2012 Forest Ave.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2015

City	State	Zip Code
Great Bend	KS	67530

Amount of Each Disbursement this Period

19.76

Purpose of Disbursement
advertising

004

Transaction ID : SB17-EX217

Candidate Name

Dr. Roger W Marshall OBGYN MDCategory/
Type**[MEMO ITEM]**

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: KS

District: 01

Full Name (Last, First, Middle Initial)

B. Golden Belt Printing II LLC

Mailing Address 1125 281 Bypass

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		13		2015

City	State	Zip Code
Great Bend	KS	67530

Amount of Each Disbursement this Period

281.45

Purpose of Disbursement
printing

001

Transaction ID : SB17-EX108

Candidate Name

Category/
Type

printing

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

c. Golden Belt Printing II LLC

Mailing Address 1125 281 Bypass

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		03		2015

City	State	Zip Code
Great Bend	KS	67530

Amount of Each Disbursement this Period

138.56

Purpose of Disbursement
printing

001

Transaction ID : SB17-EX135

Candidate Name

Category/
Type

printing

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

420.01

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 38 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kansans for Marshall

Full Name (Last, First, Middle Initial)

A. Golden Belt Printing II LLC

Mailing Address 1125 281 Bypass

City	State	Zip Code
Great Bend	KS	67530

Purpose of Disbursement
printing

001

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 31 / 2015

Amount of Each Disbursement this Period

293.75

Transaction ID : SB17-EX167

printing

B. Golden Belt Printing II LLC

Mailing Address 1125 281 Bypass

City	State	Zip Code
Great Bend	KS	67530

Purpose of Disbursement
printing and postage

001

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 30 / 2015

Amount of Each Disbursement this Period

1310.40

Transaction ID : SB17-EX218

printing and postage

c. United States Post Office

Mailing Address 2100 16th Street

City	State	Zip Code
Great Bend	KS	67530

Purpose of Disbursement
Post Office Box rental

001

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 17 / 2015

Amount of Each Disbursement this Period

164.00

Transaction ID : SB17-EX158

Post Office Box rental

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1768.15

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 39 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kansans for Marshall

Full Name (Last, First, Middle Initial)

A. Wheatland Card Solutions

Mailing Address PO Box 1242

City	State	Zip Code
Wichita	KS	67201

Purpose of Disbursement
credit card service fee

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		10		2015

Amount of Each Disbursement this Period

396.52

Transaction ID : SB17-EX98

credit card service fee

B. Wheatland Card Solutions

Mailing Address PO Box 1242

City	State	Zip Code
Wichita	KS	67201

Purpose of Disbursement
credit card payment see memo

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		03		2015

Amount of Each Disbursement this Period

1097.40

Transaction ID : SB17-EX129

credit card payment see memo

C. Kaeser & Blair Incorporated

Mailing Address 4236 Grisson Drive

City	State	Zip Code
Batavia	OH	45103

Purpose of Disbursement
printing expense

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		03		2015

Amount of Each Disbursement this Period

1097.40

Transaction ID : SB17-EX130

[MEMO ITEM]

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

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

1493.92

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 40 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kansans for Marshall

Full Name (Last, First, Middle Initial)

A. Wheatland Card Solutions

Mailing Address PO Box 1242

City	State	Zip Code
Wichita	KS	67201

Purpose of Disbursement
credit card payment see memo

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		03		2015

Amount of Each Disbursement this Period

900.73

Transaction ID : SB17-EX139

credit card payment see memo

B. United States Post Office

Mailing Address 2100 16th Street

City	State	Zip Code
Great Bend	KS	67530

Purpose of Disbursement
postage

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		03		2015

Amount of Each Disbursement this Period

453.35

Transaction ID : SB17-EX140

[MEMO ITEM]

C. Amazon.comMailing Address 1200 12th Ave. South
STE 1200

City	State	Zip Code
Seattle	WA	98144

Purpose of Disbursement
educational reading material

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		03		2015

Amount of Each Disbursement this Period

72.38

Transaction ID : SB17-EX141

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

900.73

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 41 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kansans for Marshall

Full Name (Last, First, Middle Initial)

A. Kansas State University

Mailing Address 919 Mid-Campus Drive North

City	State	Zip Code
Manhattan	KS	66506

Purpose of Disbursement
educational seminar

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		03		2015

Amount of Each Disbursement this Period

125.00

Transaction ID : SB17-EX142

[MEMO ITEM]

B. Kansas Independent Oil & Gas Assoc.Mailing Address 229 E. William
Suite 211

City	State	Zip Code
Wichita	KS	67202

Purpose of Disbursement
convention expenses

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		03		2015

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17-EX143

[MEMO ITEM]

C. Wheatland Card Solutions

Mailing Address PO Box 1242

City	State	Zip Code
Wichita	KS	67201

Purpose of Disbursement
credit card service fee

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		10		2015

Amount of Each Disbursement this Period

162.44

Transaction ID : SB17-EX154

credit card service fee

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

162.44

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 42 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kansans for Marshall

Full Name (Last, First, Middle Initial)

A. Wheatland Card Solutions

Mailing Address PO Box 1242

City	State	Zip Code
Wichita	KS	67201

Purpose of Disbursement
credit card payment see memo

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		31		2015

Amount of Each Disbursement this Period

251.17

Transaction ID : SB17-EX180

credit card payment see memo

B. Waters True Value

Mailing Address 1649 W K-96 HWY

City	State	Zip Code
Great Bend	KS	67530

Purpose of Disbursement
supplies

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		31		2015

Amount of Each Disbursement this Period

8.62

Transaction ID : SB17-EX181

[MEMO ITEM]

c. Walgreens

Mailing Address 3920 10th Street

City	State	Zip Code
Great Bend	KS	67530

Purpose of Disbursement
supplies

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		31		2015

Amount of Each Disbursement this Period

7.56

Transaction ID : SB17-EX182

[MEMO ITEM]

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

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

251.17

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 43 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kansans for Marshall

Full Name (Last, First, Middle Initial)

A. Wayfair Supply

Mailing Address 177 Huntington Ave. #6000

City	State	Zip Code
Boston	MA	02115

Purpose of Disbursement
office supplies

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		31		2015

Amount of Each Disbursement this Period

87.99

Transaction ID : SB17-EX183

[MEMO ITEM]

B. United States Post Office

Mailing Address 2100 16th Street

City	State	Zip Code
Great Bend	KS	67530

Purpose of Disbursement
postage

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		31		2015

Amount of Each Disbursement this Period

147.00

Transaction ID : SB17-EX184

[MEMO ITEM]

C. Wheatland Card Solutions

Mailing Address PO Box 1242

City	State	Zip Code
Wichita	KS	67201

Purpose of Disbursement
credit card payment see memo

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		31		2015

Amount of Each Disbursement this Period

903.28

Transaction ID : SB17-EX185

credit card payment see memo

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

903.28

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 44 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kansans for Marshall

Full Name (Last, First, Middle Initial)

A. Kaeser & Blair Incorporated

Mailing Address 4236 Grisson Drive

City	State	Zip Code
Batavia	OH	45103

Purpose of Disbursement
printing

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		31		2015

Amount of Each Disbursement this Period

903.28

Transaction ID : SB17-EX186

[MEMO ITEM]

B. Wheatland Card Solutions

Mailing Address PO Box 1242

City	State	Zip Code
Wichita	KS	67201

Purpose of Disbursement
credit card payment see memo

004

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		31		2015

Amount of Each Disbursement this Period

1200.00

Transaction ID : SB17-EX189

credit card payment see memo

C. Manhattan Broadcasting

Mailing Address 2414 Casement Rd.

City	State	Zip Code
Manhattan	KS	66502

Purpose of Disbursement
advertising

004

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		31		2015

Amount of Each Disbursement this Period

1200.00

Transaction ID : SB17-EX190

[MEMO ITEM]

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

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

1200.00

--

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 45 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kansans for Marshall

Full Name (Last, First, Middle Initial)

A. Wheatland Card Solutions

Mailing Address PO Box 1242

City	State	Zip Code
Wichita	KS	67201

Purpose of Disbursement
credit card payment see memo

002

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	5

Amount of Each Disbursement this Period

2	0	0	7	.	3	6
---	---	---	---	---	---	---

Transaction ID : SB17-EX191

credit card payment see memo

Full Name (Last, First, Middle Initial)

B. Hyatt Place

Mailing Address 6801 W 112th St.

City	State	Zip Code
Overland Park	KS	66211

Purpose of Disbursement
lodging

002

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	5

Amount of Each Disbursement this Period

1	2	2	.	5	6
---	---	---	---	---	---

Transaction ID : SB17-EX192

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Best Western

Mailing Address 506 N. 14th Avenue

City	State	Zip Code
Dodge City	KS	67801

Purpose of Disbursement
lodging

002

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	5

Amount of Each Disbursement this Period

1	3	6	.	3	5
---	---	---	---	---	---

Transaction ID : SB17-EX193

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2	0	0	7	.	3	6
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 46 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Kansans for Marshall

Full Name (Last, First, Middle Initial)

A. Delta Air

Mailing Address PO Box 20980

City	State	Zip Code
Atlanta	GA	30320

Purpose of Disbursement
air fare

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		31		2015

Amount of Each Disbursement this Period

251.60

Transaction ID : SB17-EX194

[MEMO ITEM]

B. American Airlines

Mailing Address 4333 Amon Carter Blvd.

City	State	Zip Code
Fort Worth	TX	76155

Purpose of Disbursement
air fare

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		31		2015

Amount of Each Disbursement this Period

280.60

Transaction ID : SB17-EX195

[MEMO ITEM]

c. Capitol Hill Hotel

Mailing Address 200 C St. SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
lodging

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		31		2015

Amount of Each Disbursement this Period

942.46

Transaction ID : SB17-EX196

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

--

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 47 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kansans for Marshall

Full Name (Last, First, Middle Initial)

A. Clarion Inn

Mailing Address 1911 E. Kansas Ave.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		31		2015

City	State	Zip Code
Garden City	KS	67846

Amount of Each Disbursement this Period

273.79

Purpose of Disbursement
lodging

002

Transaction ID : SB17-EX197

Candidate Name

Category/
Type

[MEMO ITEM]

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. Wheatland Card Solutions

Mailing Address PO Box 1242

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		10		2015

City	State	Zip Code
Wichita	KS	67201

Amount of Each Disbursement this Period

60.21

Purpose of Disbursement
credit card service fee

001

Transaction ID : SB17-EX208

Candidate Name

Category/
Type

credit card service fee

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. Wheatland Card Solutions

Mailing Address PO Box 1242

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2015

City	State	Zip Code
Wichita	KS	67201

Amount of Each Disbursement this Period

314.38

Purpose of Disbursement
credit card payment see memo

001

Transaction ID : SB17-EX234

Candidate Name

Category/
Type

credit card payment see memo

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

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

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

374.59

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 48 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kansans for Marshall

Full Name (Last, First, Middle Initial)

A. PeopleSmart

Mailing Address PO Box 391146

City	State	Zip Code
Omaha	NE	68139

Purpose of Disbursement
subscription

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2015

Amount of Each Disbursement this Period

44.85

Transaction ID : SB17-EX235

[MEMO ITEM]

B. Office Depot

Mailing Address 1403 E. 11th Street

City	State	Zip Code
Hutchinson	KS	67501

Purpose of Disbursement
office supplies

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2015

Amount of Each Disbursement this Period

59.53

Transaction ID : SB17-EX236

[MEMO ITEM]

c. United States Post Office

Mailing Address 2100 16th Street

City	State	Zip Code
Great Bend	KS	67530

Purpose of Disbursement
postage

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2015

Amount of Each Disbursement this Period

210.00

Transaction ID : SB17-EX237

[MEMO ITEM]

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

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

0.00

--

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 49 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kansans for Marshall

Full Name (Last, First, Middle Initial)

A. Wheatland Card Solutions

Mailing Address PO Box 1242

City	State	Zip Code
Wichita	KS	67201

Purpose of Disbursement
credit card payment see memo

002

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2015

Amount of Each Disbursement this Period

537.92

Transaction ID : SB17-EX238

credit card payment see memo

B. Holiday Inn

Mailing Address 1641 Anderson Ave.

City	State	Zip Code
Manhattan	KS	66502

Purpose of Disbursement
lodging

002

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2015

Amount of Each Disbursement this Period

435.10

Transaction ID : SB17-EX239

[MEMO ITEM]

C. Casey's General Store

Mailing Address 1420 Foster Rd.

City	State	Zip Code
Ellsworth	KS	67439

Purpose of Disbursement
fuel

002

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2015

Amount of Each Disbursement this Period

60.85

Transaction ID : SB17-EX240

[MEMO ITEM]

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

537.92

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 50 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kansans for Marshall

Full Name (Last, First, Middle Initial)

A. Zip Stop

Mailing Address 3620 10th Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2015

City	State	Zip Code
Great Bend	KS	67530

Amount of Each Disbursement this Period

1954.22

Purpose of Disbursement
fuel

002

Transaction ID : SB17-EX241

Candidate Name

Category/
Type

[MEMO ITEM]

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. Wheatland Card Solutions

Mailing Address PO Box 1242

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2015

City	State	Zip Code
Wichita	KS	67201

Amount of Each Disbursement this Period

1954.22

Purpose of Disbursement
credit card payment see memo

001

Transaction ID : SB17-EX242

Candidate Name

Category/
Type

credit card payment see memo

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. Kaeser & Blair Incorporated

Mailing Address 4236 Grisson Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2015

City	State	Zip Code
Batavia	OH	45103

Amount of Each Disbursement this Period

1954.22

Purpose of Disbursement
printing

001

Transaction ID : SB17-EX243

Candidate Name

Category/
Type

[MEMO ITEM]

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

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

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

1954.22

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 51 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kansans for Marshall

Full Name (Last, First, Middle Initial)

A. Wheatland Card Solutions

Mailing Address PO Box 1242

City	State	Zip Code
Wichita	KS	67201

Purpose of Disbursement
credit card payment see memo

004

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2015

Amount of Each Disbursement this Period

196.00

Transaction ID : SB17-EX244

credit card payment see memo

B. Hays Area Chamber Of CommerceMailing Address 1301 Pine Street
Ste A

City	State	Zip Code
Hays	KS	67601

Purpose of Disbursement
advertising

004

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2015

Amount of Each Disbursement this Period

50.00

Transaction ID : SB17-EX245

[MEMO ITEM]

c. Hays Daily News

Mailing Address 507 Main Street

City	State	Zip Code
Hays	KS	67601

Purpose of Disbursement
advertising

004

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2015

Amount of Each Disbursement this Period

146.00

Transaction ID : SB17-EX246

[MEMO ITEM]

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

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

196.00

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 52 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kansans for Marshall

Full Name (Last, First, Middle Initial)

A. Office Products Incorporated

Mailing Address 1204 Main Street

Date of Disbursement

M M	D D	Y Y Y Y
09	30	2015

City	State	Zip Code
Great Bend	KS	67530

Amount of Each Disbursement this Period

129.89

Purpose of Disbursement
office supplies

001

Transaction ID : SB17-EX247

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

office supplies

State:

District:

Full Name (Last, First, Middle Initial)

B. Great Bend Regional Hospital

Mailing Address 514 Cleveland Street

Date of Disbursement

M M	D D	Y Y Y Y
09	30	2015

City	State	Zip Code
Great Bend	KS	67530

Amount of Each Disbursement this Period

300.00

Purpose of Disbursement
3rd quarter incidentals

001

Transaction ID : SB17-EX222

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

3rd quarter incidentals

State:

District:

Full Name (Last, First, Middle Initial)

C. Verizon Wireless

Mailing Address PO Box 25505

Date of Disbursement

M M	D D	Y Y Y Y
07	13	2015

City	State	Zip Code
Lehigh Valley	PA	18002

Amount of Each Disbursement this Period

1241.23

Purpose of Disbursement
telephone

001

Transaction ID : SB17-EX111

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

telephone

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1671.12

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 53 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kansans for Marshall

Full Name (Last, First, Middle Initial)

A. Verizon Wireless

Mailing Address PO Box 25505

City	State	Zip Code
Lehigh Valley	PA	18002

Purpose of Disbursement
telephone

001

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Disbursement this Period

239.64

Transaction ID : SB17-EX124

telephone

B. Verizon Wireless

Mailing Address PO Box 25505

City	State	Zip Code
Lehigh Valley	PA	18002

Purpose of Disbursement
telephone

001

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 24 / 2015

Amount of Each Disbursement this Period

313.00

Transaction ID : SB17-EX160

telephone

C. Verizon Wireless

Mailing Address PO Box 25505

City	State	Zip Code
Lehigh Valley	PA	18002

Purpose of Disbursement
telephone

001

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 30 / 2015

Amount of Each Disbursement this Period

218.57

Transaction ID : SB17-EX248

telephone

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

771.21

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 54 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Kansans for Marshall

Full Name (Last, First, Middle Initial)

A. Zachary Lowry

Mailing Address 4 Hillcrest Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		08		2015

City	State	Zip Code
Stockton	KS	67669

Purpose of Disbursement
payroll

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Amount of Each Disbursement this Period

774.50

Transaction ID : SB17-EX97

payroll

Full Name (Last, First, Middle Initial)

B. Zachary Lowry

Mailing Address 4 Hillcrest Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2015

City	State	Zip Code
Stockton	KS	67669

Purpose of Disbursement
payroll

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Amount of Each Disbursement this Period

774.50

Transaction ID : SB17-EX120

payroll

Full Name (Last, First, Middle Initial)

c. Zachary Lowry

Mailing Address 4 Hillcrest Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		19		2015

City	State	Zip Code
Stockton	KS	67669

Purpose of Disbursement
payroll

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Amount of Each Disbursement this Period

774.50

Transaction ID : SB17-EX157

payroll

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2323.50

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 55 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kansans for Marshall

Full Name (Last, First, Middle Initial)

A. Kelly Guesnier

Mailing Address 2600 Dry Creek

City	State	Zip Code
Great Bend	KS	67530

Purpose of Disbursement
payroll

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		08		2015

Amount of Each Disbursement this Period

886.58

Transaction ID : SB17-EX96

payroll

Full Name (Last, First, Middle Initial)

B. Kelly Guesnier

Mailing Address 2600 Dry Creek

City	State	Zip Code
Great Bend	KS	67530

Purpose of Disbursement
payroll

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2015

Amount of Each Disbursement this Period

886.58

Transaction ID : SB17-EX119

payroll

Full Name (Last, First, Middle Initial)

c. Kelly Guesnier

Mailing Address 2600 Dry Creek

City	State	Zip Code
Great Bend	KS	67530

Purpose of Disbursement
payroll

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		03		2015

Amount of Each Disbursement this Period

886.59

Transaction ID : SB17-EX152

payroll

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2659.75

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 56 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Kansans for Marshall

Full Name (Last, First, Middle Initial)

A. Kelly Guesnier

Mailing Address 2600 Dry Creek

City	State	Zip Code
Great Bend	KS	67530

Purpose of Disbursement
payroll

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 19 / 2015

Amount of Each Disbursement this Period

886.58

Transaction ID : SB17-EX156

payroll

B. Kansas Department Of Revenue

Mailing Address 915 SW Harrison Street

City	State	Zip Code
Topeka	KS	66612

Purpose of Disbursement
KS withholding tax

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Disbursement this Period

167.00

Transaction ID : SB17-EX65

KS withholding tax

C. Kansas Department Of Revenue

Mailing Address 915 SW Harrison Street

City	State	Zip Code
Topeka	KS	66612

Purpose of Disbursement
KS withholding tax

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 17 / 2015

Amount of Each Disbursement this Period

238.00

Transaction ID : SB17-EX122

KS withholding tax

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1291.58

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 57 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Kansans for Marshall

Full Name (Last, First, Middle Initial)

A. Kansas Department Of Revenue

Mailing Address 915 SW Harrison Street

City	State	Zip Code
Topeka	KS	66612

Purpose of Disbursement
KS withholding tax

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		15		2015

Amount of Each Disbursement this Period

179.00

Transaction ID : SB17-EX162

KS withholding tax

B. United States Department Of Treasury

Mailing Address Internal Revenue Service

City	State	Zip Code
Ogden	UT	84201

Purpose of Disbursement
federal employment tax (Form 941)

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		15		2015

Amount of Each Disbursement this Period

1472.48

Transaction ID : SB17-EX66

federal employment tax (Form 941)

C. United States Department Of Treasury

Mailing Address Internal Revenue Service

City	State	Zip Code
Ogden	UT	84201

Purpose of Disbursement
federal employment tax (form 941)

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		14		2015

Amount of Each Disbursement this Period

2015.02

Transaction ID : SB17-EX121

federal employment tax (form 941)

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3666.50

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 58 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Kansans for Marshall

Full Name (Last, First, Middle Initial)

A. United States Department Of Treasury

Mailing Address Internal Revenue Service

Date of Disbursement

M M	D D	Y Y Y Y
09	15	2015

City State Zip Code
Ogden UT 84201

Amount of Each Disbursement this Period

Purpose of Disbursement
federal employment tax (form 941)

001

1552.08

Transaction ID : SB17-EX161

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

federal employment tax (form 941)

State: District:

Full Name (Last, First, Middle Initial)

B. Kansas Department Of Labor

Mailing Address PO Box 400

Date of Disbursement

M M	D D	Y Y Y Y
07	31	2015

City State Zip Code
Topeka KS 66601

Amount of Each Disbursement this Period

Purpose of Disbursement
Kansas unemployment tax

001

144.97

Transaction ID : SB17-EX70

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

Kansas unemployment tax

State: District:

Full Name (Last, First, Middle Initial)

C. Scott's Printing & Copying

Mailing Address 801 N. Western

Date of Disbursement

M M	D D	Y Y Y Y
08	31	2015

City State Zip Code
Oklahoma City OK 73106

Amount of Each Disbursement this Period

Purpose of Disbursement
printing

001

1255.56

Transaction ID : SB17-EX168

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

printing

State: District:

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

2952.61

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 59 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kansans for Marshall

Full Name (Last, First, Middle Initial)

A. Marshall OBGYN

Mailing Address 514 Cleveland

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2015

City	State	Zip Code
Great Bend	KS	67530

Amount of Each Disbursement this Period

150.00

Purpose of Disbursement
3rd quarter phone usage

001

Transaction ID : SB17-EX223

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

3rd quarter phone usage

State:

District:

Full Name (Last, First, Middle Initial)

B. LVMC Inc.

Mailing Address PO Box 106

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		03		2015

City	State	Zip Code
Great Bend	KS	67530

Amount of Each Disbursement this Period

129.06

Purpose of Disbursement
reimbursement - see memo

001

Transaction ID : SB17-EX132

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

reimbursement - see memo

State:

District:

Full Name (Last, First, Middle Initial)

C. Wheatland Electric

Mailing Address 2300 Broadway

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		03		2015

City	State	Zip Code
Great Bend	KS	67530

Amount of Each Disbursement this Period

129.06

Purpose of Disbursement
utilities

001

Transaction ID : SB17-EX133

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

[MEMO ITEM]

State:

District:

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

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

279.06

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 60 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kansans for Marshall

Full Name (Last, First, Middle Initial)

A. LVMC Inc.

Mailing Address PO Box 106

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		31		2015

City	State	Zip Code
Great Bend	KS	67530

Amount of Each Disbursement this Period

764.59

Purpose of Disbursement
reimbursement - see memo

001

Transaction ID : SB17-EX198

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

reimbursement - see memo

State: District:

Full Name (Last, First, Middle Initial)

B. Kansas Gas Service

Mailing Address PO Box 219046

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		31		2015

City	State	Zip Code
Kansas City	MO	64121

Amount of Each Disbursement this Period

66.75

Purpose of Disbursement
utilities

001

Transaction ID : SB17-EX203

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

[MEMO ITEM]

State: District:

Full Name (Last, First, Middle Initial)

c. City Of Great Bend

Mailing Address 1615 10th Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		31		2015

City	State	Zip Code
Great Bend	KS	67530

Amount of Each Disbursement this Period

418.70

Purpose of Disbursement
utilities

001

Transaction ID : SB17-EX204

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

[MEMO ITEM]

State: District:

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

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

764.59

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 61 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Kansans for Marshall

Full Name (Last, First, Middle Initial)

A. S & R Lawn Service

Mailing Address PO Box 1415

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		31		2015

City	State	Zip Code
Great Bend	KS	67530

Amount of Each Disbursement this Period

175.00

Purpose of Disbursement
lawn care

001

Transaction ID : SB17-EX205

Candidate Name

Category/
Type**[MEMO ITEM]**

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

B. Wheatland Electric

Mailing Address 2300 Broadway

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		31		2015

City	State	Zip Code
Great Bend	KS	67530

Amount of Each Disbursement this Period

104.14

Purpose of Disbursement
utilities

001

Transaction ID : SB17-EX206

Candidate Name

Category/
Type**[MEMO ITEM]**

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

C. LVMC Inc.

Mailing Address PO Box 106

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2015

City	State	Zip Code
Great Bend	KS	67530

Amount of Each Disbursement this Period

600.00

Purpose of Disbursement
3rd quarter building rent

001

Transaction ID : SB17-EX224

Candidate Name

Category/
Type

3rd quarter building rent

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

600.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 62 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kansans for Marshall

Full Name (Last, First, Middle Initial)

A. LVMC Inc.

Mailing Address PO Box 106

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2015

City	State	Zip Code
Great Bend	KS	67530

Amount of Each Disbursement this Period

301.05

Purpose of Disbursement
reimbursement - see memo

001

Transaction ID : SB17-EX230

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

reimbursement - see memo

State:

District:

Full Name (Last, First, Middle Initial)

B. City Of Great Bend

Mailing Address 1615 10th Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2015

City	State	Zip Code
Great Bend	KS	67530

Amount of Each Disbursement this Period

149.34

Purpose of Disbursement
utilities

001

Transaction ID : SB17-EX231

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

[MEMO ITEM]

State:

District:

Full Name (Last, First, Middle Initial)

C. Kansas Gas Service

Mailing Address PO Box 219046

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2015

City	State	Zip Code
Kansas City	MO	64121

Amount of Each Disbursement this Period

47.92

Purpose of Disbursement
utilities

001

Transaction ID : SB17-EX232

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

[MEMO ITEM]

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

301.05

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 63 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kansans for Marshall

Full Name (Last, First, Middle Initial)

A. Wheatland Electric

Mailing Address 2300 Broadway

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2015

City	State	Zip Code
Great Bend	KS	67530

Amount of Each Disbursement this Period

103.79

Purpose of Disbursement
utilities

001

Transaction ID : SB17-EX233

Candidate Name

Category/
Type

[MEMO ITEM]

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

B. Bloomington Compensation Insurance Co.

Mailing Address PO Box 182738

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		13		2015

City	State	Zip Code
Columbus	OH	43218

Amount of Each Disbursement this Period

636.00

Purpose of Disbursement
workers compensation insurance

001

Transaction ID : SB17-EX109

Candidate Name

Category/
Type

workers compensation insurance

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

C. Keller Insurance Agency

Mailing Address 1101 Williams Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		13		2015

City	State	Zip Code
Great Bend	KS	67530

Amount of Each Disbursement this Period

450.00

Purpose of Disbursement
insurance

001

Transaction ID : SB17-EX110

Candidate Name

Category/
Type

insurance

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

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

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

1086.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 64 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kansans for Marshall

Full Name (Last, First, Middle Initial)

A. William Benedict

Mailing Address 20311 W. 92dn Street

City	State	Zip Code
Lenexa	KS	66220

Purpose of Disbursement
contract labor

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		03		2015

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17-EX131

contract labor

Full Name (Last, First, Middle Initial)

B. Mark's Custom Signs

Mailing Address 678 NE 20 Rd

City	State	Zip Code
Great Bend	KS	67530

Purpose of Disbursement
printing

006

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		03		2015

Amount of Each Disbursement this Period

468.63

Transaction ID : SB17-EX134

printing

Full Name (Last, First, Middle Initial)

C. Mark's Custom Signs

Mailing Address 678 NE 20 Rd

City	State	Zip Code
Great Bend	KS	67530

Purpose of Disbursement
printing

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		31		2015

Amount of Each Disbursement this Period

295.63

Transaction ID : SB17-EX171

printing

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3764.26

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 65 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kansans for Marshall

Full Name (Last, First, Middle Initial)

A. Home State Bank

Mailing Address 223 N. Main Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		31		2015

City	State	Zip Code
Great Bend	KS	67460

Amount of Each Disbursement this Period

317.48

Purpose of Disbursement
reimbursement - see memo

007

Transaction ID : SB17-EX175

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

reimbursement - see memo

State:

District:

Full Name (Last, First, Middle Initial)

B. Party City

Mailing Address 2855 Market Place

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		31		2015

City	State	Zip Code
Salina	KS	67401

Amount of Each Disbursement this Period

13.53

Purpose of Disbursement
supplies

007

Transaction ID : SB17-EX176

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

[MEMO ITEM]

State:

District:

Full Name (Last, First, Middle Initial)

c. Walgreens

Mailing Address 3920 10th Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		31		2015

City	State	Zip Code
Great Bend	KS	67530

Amount of Each Disbursement this Period

28.87

Purpose of Disbursement
supplies

007

Transaction ID : SB17-EX177

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

[MEMO ITEM]

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

317.48

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 66 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kansans for Marshall

Full Name (Last, First, Middle Initial)

A. Atelier

Mailing Address 120 N. Main

City	State	Zip Code
McPherson	KS	67480

Purpose of Disbursement
printing

007

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		31		2015

Amount of Each Disbursement this Period

75.21

Transaction ID : SB17-EX178

[MEMO ITEM]

B. Jeanette Cox

Mailing Address 1504 Manchester Street

City	State	Zip Code
McPherson	KS	67460

Purpose of Disbursement
event catering

007

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		31		2015

Amount of Each Disbursement this Period

199.87

Transaction ID : SB17-EX179

[MEMO ITEM]

c. Jeff Chapman

Mailing Address 350 East Armour Blvd #407

City	State	Zip Code
Kansas City	MO	64111

Purpose of Disbursement
reimbursement - see memo

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2015

Amount of Each Disbursement this Period

329.62

Transaction ID : SB17-EX225

reimbursement - see memo

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

329.62

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 67 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kansans for Marshall

Full Name (Last, First, Middle Initial)

A. Enterprise Rent-A-Car

Mailing Address 5359 Merriam Dr

City	State	Zip Code
Merriam	KS	66203

Purpose of Disbursement
rental car

002

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2015

Amount of Each Disbursement this Period

255.46

Transaction ID : SB17-EX226

[MEMO ITEM]

B. The Parking Spot

Mailing Address 12060 NW Prairie View Rd.

City	State	Zip Code
Kansas City	MO	64153

Purpose of Disbursement
parking

002

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2015

Amount of Each Disbursement this Period

29.54

Transaction ID : SB17-EX227

[MEMO ITEM]

C. Casey's General Store

Mailing Address 1420 Foster Rd.

City	State	Zip Code
Ellsworth	KS	67439

Purpose of Disbursement
fuel

002

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2015

Amount of Each Disbursement this Period

16.11

Transaction ID : SB17-EX228

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 68 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Kansans for Marshall

Full Name (Last, First, Middle Initial)

A. Love's

Mailing Address 265 West 4th

City	State	Zip Code
Colby	KS	67701

Purpose of Disbursement
fuel

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2015

Amount of Each Disbursement this Period

28.51

Transaction ID : SB17-EX229

[MEMO ITEM]**B. Loree Anne Thompson**Mailing Address 5010 Indian Creek Parkway
Apt 207

City	State	Zip Code
Overland Park	KS	66207

Purpose of Disbursement
contract labor

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2015

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17-EX221

contract labor

c. Roger W Marshall

Mailing Address 4501 Quail Creek Dr

City	State	Zip Code
Great Bend	KS	67530

Purpose of Disbursement
IN-KIND RECEIVED mileageCategory/
Type

Candidate Name

Roger W Marshall

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) Primary 2016

State: KS

District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2015

Amount of Each Disbursement this Period

5010.55

Transaction ID : SB17-CN1571

In-Kind Received mileage

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6010.55

63760.13

FOR LINE NUMBER:
(check only one)

	17		18		19a		19b
	20a		20b	X	20c		21

Kansans for Marshall

A. Barton County Businesses For Growth

Date of Disbursement

07 / 27 / 2015

Amount of Each Disbursement this Period

2700.00

Category/
Type

Transaction ID : SB20c-CR3

refund of 6/30/15 contribution

Full Name (Last, First, Middle Initial)

Date of Disbursement

Amount of Each Disbursement this Period

[illegible]Category/
Type

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/
Type

State: District:

2700.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

2700.00

SCHEDULE C (FEC Form 3)
LOANS

PAGE 70 OF 72

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10-LN1

Kansans for Marshall

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2016

Roger Marshall

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4501 Quail Creek

City

State

ZIP Code

Great Bend

KS

67530

Roger Marshall - personal funds

Original Amount of Loan

4000.00

Cumulative Payment To Date

.00

Balance Outstanding at Close of This Period

4000.00

TERMS

Date Incurred

M 02 / D 05 / Y 2015

Date Due

M 03 / D 12 / Y 2030

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

4000.00

TOTALS This Period (last page in this line only)..... ►

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 71 OF 72

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10-LN2

Kansans for Marshall

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2016

Roger Marshall

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4501 Quail Creek

City

State

ZIP Code

Great Bend

KS

67530

Roger Marshall - personal funds

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

25000.00

.00

25000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M / D / Y
04 / 06 / 2015M / D / Y
04 / 07 / 2030M / D / Y
04 / 07 / 2030M / D / Y
04 / 07 / 2030M / D / Y
04 / 07 / 2030M / D / Y
04 / 07 / 2030

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

25000.00

TOTALS This Period (last page in this line only)..... ►

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 72 OF 72

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10-LN3

Kansans for Marshall

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2016

Roger Marshall

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4501 Quail Creek

City

State

ZIP Code

Great Bend

KS

67530

Roger Marshall - personal funds

Original Amount of Loan

50000.00

Cumulative Payment To Date

.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

M / D / Y
09 / 30 / 2015

Date Due

M / D / Y
09 / 30 / 2035

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

50000.00

TOTALS This Period (last page in this line only)..... ►

79000.00

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