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FEC FORM 1		STATEME ORGANIZ				Office	F Use Only	PAGE 1	/ 11		
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)		nple:If typing, typ the lines.	pe	12FE	:4M5	;			
Kansas Re	publica	an Party									
		PO Box 4157									
ADDRESS (number and Check if a											
is changed		Topeka				, KS		66604-0	)157		
						STATE	 ▲				
COMMITTEE'S E-MA		S									
(Check if a is changed		bdool@Kansas.gop				1 1	1 1				1
is changed	1)	Optional Second E-Mail A	ddress				1 1				
		outsourcing@aristc	otle.com								
COMMITTEE'S WEB	address I) M / D	www.kansas.gop				<u>   </u>					
2. DATE 0	5 19	2020			_						
3. FEC IDENTIFIC	CATION NU	MBER ► C	C0000460	6							
4. IS THIS STATEN	IENT	NEW (N) OR	×	AMENDED	(A)						
I certify that I have e	examined thi	s Statement and to the be	st of my k	nowledge and be	elief it is	true, c	orrect	and co	nplete.		
Type or Print Name of	of Treasurer	Dool, Bob, , ,									
Signature of Treasure	er Dool, I	30b, , ,		[Electronically File	2d] D	ate	05	M / D	19 /	Y Y 2(	)20
NOTE: Submission of		ous, or incomplete informatio ANY CHANGE IN INFORMA	-						alties of	2 U.S.C	C. §437g.
Office Use Only				For further informa Federal Election Co Toll Free 800-424-99 Local 202-694-1100	mmission 530	act:			EC FC evised C		

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FEC Form 1 (Revised 02/2009)	Page <b>2</b>
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information I	below.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. information below.)	. (Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Office Sought: House Senate Preside	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized commit	tee.
Name of         Candidate         Image: Candidate <th< td=""><td></td></th<>	
Party Committee:	
(d) X This committee is a STA (National, State or subordinate) committee of the REP	(Democratic, Republican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.)	Its connected organization is
Corporation Corporation w/o Capital Stock	Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separ committee. (i.e., nonconnected committee)	rate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceed committees/organizations, at least one of which is an authorized committee of a federal canceled and the second secon	
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds committees/organizations, none of which is an authorized committee of a federal candidate.	s for two or more political
Committees Participating in Joint Fundraiser	
1 FEC ID number C	
2.	
3 FEC ID number C	
4	

FEC Form 1 (Revised 02/2009)

Page 3

Write or Type Committee Name

## Kansas Republican Party

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

K	ansas Republican Pa	rty - State													
	Mailing Address	PO Box 4157													
		Topeka	KS 6	6604-0157											
		CITY	STATE	ZIP CODE											
7.	Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.														
	Full Name	y, , , 													
	Mailing Address	935 AveX													
				KS 6	7512-9322										
	Title or Position	CITY		STATE	ZIP CODE										
	Custodian of Records		Telephone n	umber 785	224 7011										

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

Full Name of Treasurer	Dool, Bob, , ,
Mailing Address	10801 E Glengate Cir
	Wichita         KS         67206-8902         –
	CITY STATE ZIP CODE
Title or Position Treasurer	316      734      1012

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent	Kuckleman,	Mike, , ,																												
Mailing Address		10740 Nall	Ave																											
		Ste 250																												
Overland Park																		KS 			Ľ	62	11-	136	67		· [_			
					(	CIT	Y										ST	ATE	Ξ					Ζ	IP (	COI	DE			
Title or Position	nt 											Tele	eph	one	e ni	uml	ber		L	9 <sup>^</sup>	13		. [_	94	8			86	512 	

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

Name of Bank, Depository, etc.

Bethesda

Fic	delity State Bank		
Mailing Address	600 S Kansas		
	Topeka	KS	66603
	CITY	STATE	ZIP CODE
Name of Bank, Depos	sitory, etc.		
We	ells Fargo Bank		
	7901 Wisconsin Avenue		
Mailing Address	7901 Wisconsin Avenue		

CITY

MD

STATE

20814

ZIP CODE

## :97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F1A Transaction ID :

In Response to the RFAI dated 5/14/20, Statement of Organization amended to add Team Estes as a Joint Fundraising Committee.

Form/Schedule: Transaction ID:

FFC	Form	1S	(Revised	02/2017)
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5(g) or (h).	Joint	Fundraising	Participant:
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1	FEC ID number	С
2.	FEC ID number	С
3.	FEC ID number	С
4.	FEC ID number	С

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

Mailing Address	901 N Washington St		
	Ste 700		
	Alexandria	VA	22314-1535
Relationship:	CITY 🔺	STATE 🔺	ZIP CODE
Connected	Organization	× Joint Fundraising Represent	tative Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name																														J
Mailing Address	L																													
	L																													
	L																						L					- [		
TITLE OR POSITION	TITLE OR POSITION V																S	TAT	E				ZIF	C	DC	E				
	Telepho													hor	ne I	Nur	nbe	ər			 - L				- [		]			

Name of Bank, Wells F Depository, etc.	argo Bank		
Mailing Address	8302 Woodmont Avenue		
	Bethesda	MD	
	CITY 🔺	STATE 🔺	ZIP CODE

lmage#	202005209235966527	
mayem	202003203233300321	

FEC	Form	<b>1S</b>	(Revised	02/2017)

5(g) or (h).	Joint	Fundraising	Participant:
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1	FEC ID number
2.	FEC ID number C
3.	FEC ID number C
4.	FEC ID number C

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

Mailing Address	PO Box 30844				
-					
	Bethesda			MD 208	824-0844
Relationship:		CITY A		STATE A	ZIP CODE
Connected	Organization Affiliat	ed Committee	X Joint Fundraising	Representative	Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name																									J
Mailing Address	L																								
	L																								
	L																	L					- [		
TITLE OR POSITION	▼				(	CIT	Y 🔺							S	TAT	E				ZIF	C	DC	E		
										Te	lep	hor	ne I	Nur	nbe	ər			 - L				- [		]

Name of Bank, Bank of Depository, etc.	f America		
Mailing Address	600 N Washington St		
	Alexandria		
	CITY 🔺	STATE A	ZIP CODE

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5(g) or (h).	Joint	Fundraising	Participant:
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1	FEC ID number	С
2.	FEC ID number	С
3.	FEC ID number	С
4.	FEC ID number	С

Mailing Address	228 S Washington St				
	Ste 115				
	Alexandria			VA 223	314-5404
Relationship:		CITY A		STATE A	ZIP CODE
Connected C	Drganization	ed Committee	Joint Fundraising	Representative	Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name			
Mailing Address			
TITLE OR POSITION		STATE A	ZIP CODE
	т	elephone Number	

Name of Bank, Depository, etc.															1			1									
Mailing Address																											
																				L					· L		
								С	ITY	′▲						S	TAT	Έ			7	ZIP	C	ODI	Ξ 🔺	•	I

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5(g) or (h). Jo	oint Fund	draising F	Participant:
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1	FEC ID number	С
2.	FEC ID number	C
3.	FEC ID number	С
4.	FEC ID number	C

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

Mailing Address	PO Box 30844			
	Bethesda			20824-0844
Relationship:		CITY 🔺	STATE A	ZIP CODE
Connected C	Organization	ed Committee	Joint Fundraising Representative	Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name				
Mailing Address				
TITLE OR POSITION	•	CITY A	STATE A	ZIP CODE
		Telep	hone Number	

Name of Bank, Depository, etc.																									
Mailing Address	L																								
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	L																L								
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5(g) or (h).	Joint	Fundraising	Participant:
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1	FEC ID number	С
2.	FEC ID number	C
3.	FEC ID number	C
4.	FEC ID number	C

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Take Back The House 2020

Mailing Address	PO Box 30844										
-											
	Bethesda			MD 2082	24-0844						
Relationship:		CITY 🔺		STATE 🔺	ZIP CODE						
Connected Organization											

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name				
Mailing Address				
TITLE OR POSITION	•	CITY A	STATE A	ZIP CODE
		Telep	hone Number	

Name of Bank, Depository, etc.																															
Mailing Address	L																														
	L																														
													STATE A								ZIP CODE										

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5(g) or (h).	Joint	Fundraising	Participant:
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1	FEC ID number	С
2.	FEC ID number	C
3.	FEC ID number	С
4.	FEC ID number	C

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

Mailing Address	PO Box 30844				
-					
	Bethesda			MD 208	24-0844
Relationship:		CITY A		STATE A	ZIP CODE
Connected	Organization Affiliat	ed Committee	X Joint Fundraising	Representative	Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name				
Mailing Address				
TITLE OR POSITION	•	CITY A	STATE A	ZIP CODE
		Telep	hone Number	

Name of Bank, Depository, etc.																															
Mailing Address	L																														
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	CITY A												STATE A						ZIP CODE												