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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Yoder for Congress, Inc PO BOX 26742 ADDRESS (number and street) (Check if address is changed) Overland Park 66225-6742 KS CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@yoderforcongress.com (Check if address is changed) Optional Second E-Mail Address les@leswilliamson.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.yoderforcongress.com (Check if address is changed) DATE 2019 C00472365 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Coulson, Christopher, , , Type or Print Name of Treasurer Coulson, Christopher, , , [Electronically Filed] 03 13 2019 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

	Form 1 (Revised 02/2009)	Page 2
	COMMITTEE ate Committee:	
(a)		v.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Co information below.)	mplete the candidate
Name of Candidate	Yoder, Kevin, , Rep.,	
Candidate Party Affi	DED Times	State KS District 03
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party C	ommittee:	
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politica	I Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected organization is a
	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 separate committee. (i.e., nonconnected committee)	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 Fu	Indraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate	•
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	
С	ommittees Participating in Joint Fundraiser	
1.		
2.	FEC ID number	
3.		
4		

FEC Form 1 (Revised 0	12/2000)	Page 3
Write or Type Committee Name		raye 3
Yoder for Cong		
	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
-	rganization, Anniated Committee, John Fundraising Representative, or Leadership	r Ac Sporisor
Yoder Victory Fund	<u> </u>	
Mailing Address	901 N Washington St	
Walling Address	Suite 700	
	Alexandria VA 22314-1535	1 1
	CITY STATE ZIP	CODE
_		CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Leader	ship PAC Sponsor
 Custodian of Records: Iden books and records. 	tify by name, address (phone number optional) and position of the person in posses	sion of committee
Williamson	, Les, , ,	
Full Name	,PO Box 26742	
Mailing Address		
	KO 65225 6742	
	Overland Park KS 66225-6742	
Title or Position	CITY STATE ZIP	CODE
Custodian of Records	214 676	5 7442
	leiephone number	
8. Treasurer: List the name and any designated agent (e.g., a	I address (phone number optional) of the treasurer of the committee; and the name ssistant treasurer).	and address of
Full Name Coulson, C	hristopher, , ,	
of Treasurer		
Mailing Address	PO Box 26742	
	Overland Park KS 66225-6742	
Title or Position	CITY STATE ZIP	CODE
Treasurer	Telephone number	
1		,

FEC Form 1 (((1))	
Full Name of Designated Wil Agent	lliamson, Les, , ,	
Mailing Address	PO Box 26742	
	Overland Park KS	66225-6742
	CITY STATE	ZIP CODE
Title or Position Assistant Treasurer	Telephone number	14 - 676 - 7442
cototy donocit hovoc		
Name of Bank, Depo		
Name of Bank, Depo		
Name of Bank, Depo	ository, etc.	
Name of Bank, Depo	esitory, etc.	
Name of Bank, Depo	esitory, etc.	94104
Name of Bank, Depo	/ells Fargo 420 Montgomery St	94104 ZIP CODE
Name of Bank, Depo W Mailing Address	San Francisco CITY STATE	
Name of Bank, Depo Walling Address Name of Bank, Depo	San Francisco CITY STATE	
Name of Bank, Depo Wailing Address Name of Bank, Depo	San Francisco CITY STATE Sitory, etc.	
Name of Bank, Depo Mailing Address Name of Bank, Depo	Pository, etc. /ells Fargo	
Name of Bank, Depo W Mailing Address Name of Bank, Depo	Pository, etc. /ells Fargo	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundraisi n		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Funda	aising Representative	e, or Leadership PAC Spons
The BHY Commit	tee 		
Mailing Address	824 S Milledge Ave		
Maining Address	Suite 101		
	Athens	GA	30605-1332
Relationship:	CITY A	STATE A	ZIP CODE A
П.			
		Fundraising Representa	ative Leadership PAC Sp
	d Organization Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identify		Fundraising Representa	ative Leadership PAC Sp
Pesignated Agent: Identify		Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify	y by name, address (phone number – optional) CITY		
Full Name Mailing Address	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION tanks or Other Depositor defety deposit boxes or mailing and mai	y by name, address (phone number – optional) CITY ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Janks or Other Depositor defety deposit boxes or mail depository, etc. Base Bank, BB&T depository, etc.	y by name, address (phone number – optional) CITY ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor defety deposit boxes or mailing and marks and marks. BB&T	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Canks or Other Depositor afety deposit boxes or mail and of Bank, Depository, etc.	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected BCY Committee	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spor
Mailing Address	824 S Milledge Ave, Suite 101		
	Athens	, GA	30605-1332
Relationship:	CITY A	STATE A	ZIP CODE A
		OIAIL A	211 0002
		Fundraising Representa	ative Leadership PAC S
	d Organization Affiliated Committee Joint by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name	by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identify	by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY	STATE A	
Full Name Mailing Address	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mail	y by name, address (phone number – optional) CITY CITY Te ries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mail	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma	y by name, address (phone number – optional) CITY CITY Te ries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito aftety deposit boxes or material depository, etc.	ries: List all banks or other depositories in which aintains funds. Pridge Bank, N.A.	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundraisi	ng Participant:			
1		FEC ID n	umber (
2.		FEC ID n	umber (
3.		FEC ID no	umber (
4.		 FEC ID n	umber (
		_ 		
	l Organization, Affiliated Committee, Joint	Fundraising Repres	sentative,	or Leadership PAC Spons
Americans for BE	3Q 2018		1 1 1	
	. 924 C Millodgo Avenue			
Mailing Address	824 S Milledge Avenue			
	Suite 101			
	Athens		GA	30605-1332
Relationship:	CITY ▲	S	TATE 🛦	ZIP CODE ▲
Designated Agent: Identi	fy by name, address (phone number - option	al)		
Full Name				
Full Name				
Mailing Address	CITY A	STA	TE A	ZIP CODE A
	CITY A	STA Telephone Numi		ZIP CODE A
Mailing Address	CITY A			ZIP CODE A
Mailing Address TITLE OR POSITION	pries: List all banks or other depositories in v	Telephone Numl	oer L	
Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or many safety deposit	pries: List all banks or other depositories in valaintains funds.	Telephone Numl	oer L	
Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or many safety deposit	pries: List all banks or other depositories in v	Telephone Numl	oer L	
Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or management of Bank, Wells	pries: List all banks or other depositories in valaintains funds.	Telephone Numl	oer L	
Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or management of Bank, Depository, etc.	pries: List all banks or other depositories in vaintains funds.	Telephone Numl	oer L	
Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or management of Bank, Depository, etc.	pries: List all banks or other depositories in vaintains funds.	Telephone Numl	oer L	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected Yoder Kansas Vi	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spon
Mailing Address	901 N Washington Street		1 1 1 1 1 1 1 1 1 1
	Suite 700		
	Alexandria	VA VA	22314-1535
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identi	y by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name			
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY A	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mailing and mailing a	CITY A City A pries: List all banks or other depositories in which	Telephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	CITY ▲ CITY ▲ Dries: List all banks or other depositories in which aintains funds. all Bank of the Midwest	Telephone Number	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(a)	or(h). Joint Fundraisin	g Participant:		
O(9)	1. L		FEC ID number	C
	2.		FEC ID number	C
			FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID Hullibel	O
6.	Name of Any Connected PATRIOT ROUNE	Organization, Affiliated Committee, Joint Fundra O IV 2018	aising Representative	e, or Leadership PAC Sponsor
	Mailing Address	PO BOX 9891		
		Arlington	, , VA	22219-1891
	Relationship:	CITY 🛦	STATE ▲	ZIP CODE ▲
	Connected	Affiliated Committee X Joint	Fundraising Representa	ative Leadership PAC Sponsor
8.		by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION	_ CITY ▲	OTATE A	ZIP CODE ▲
		▼ OII 1 A	STATE ▲	ZIP CODE
	L	_	Iephone Number	
9.	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which thintains funds.	lephone Number	
9.	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which tintains funds.	lephone Number	
9.	Banks or Other Depositors safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks or other depositories in which thintains funds.	lephone Number	
9.	Banks or Other Depositors safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks or other depositories in which thintains funds.	lephone Number	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(a)	or(h). Joint Fundraisin	g Participant:		
- (3)	1.	,	FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
			FEC ID number	C
	4.			
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra VICTORY FUND	aising Representative	e, or Leadership PAC Sponsor
	Mailing Address	228 S. WASHINGTON ST.		
		STE. 115		
		Alexandria	, , , VA ,	22314-5404
	Relationship:	CITY A	STATE A	ZIP CODE ▲
	Connected	I Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
		1		
	TITLE OR POSITION	_ CITY ▲	STATE ▲	ZIP CODE ▲
	TITLE OR POSITION	1	elephone Number	
9.				
9.	Banks or Other Depositor safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks or other depositories in which intains funds.	the committee deposit	s funds, holds accounts, rents
9.	Name of Bank,	ries: List all banks or other depositories in which intains funds.	the committee deposit	s funds, holds accounts, rents
9 .	Name of Bank, Depository, etc.	ries: List all banks or other depositories in which intains funds.	the committee deposit	s funds, holds accounts, rents
9 .	Name of Bank, Depository, etc.	ries: List all banks or other depositories in which intains funds.	the committee deposit	s funds, holds accounts, rents