

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
Kansas Leadership PAC

ADDRESS (number and street) PO Box 2641
Check if different than previously reported. (ACC) Alexandria VA 22313

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00632323 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 02 / 14 / 2017 through 06 / 30 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Marston, Chris, , ,
Type or Print Name of Treasurer

Signature of Treasurer Marston, Chris, , , [Electronically Filed] Date 07 / 29 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Kansas Leadership PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="31427.81"/>	<input type="text" value="31427.81"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="31427.81"/>	<input type="text" value="31427.81"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="15800.09"/>	<input type="text" value="15800.09"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="15627.72"/>	<input type="text" value="15627.72"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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 3X (Rev. 05/2016)

Write or Type Committee Name

Kansas Leadership PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
02 / 14 / 2017 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2017

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
12. Transfers From Affiliated/Other Party Committees.....	30138.42	30138.42
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	1289.39	1289.39
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	31427.81	31427.81
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	31427.81	31427.81

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	3700.09	3700.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3700.09	3700.09
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11000.00	11000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	1100.00	1100.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	15800.09	15800.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15800.09	15800.09

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3700.09	3700.09
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1289.39	1289.39
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2410.70	2410.70

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 21
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Kansas Leadership PAC

A. TEAM MARSHALL

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 26141

City ALEXANDRIA	State VA	Zip Code 22313-6141
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FEC ID number of contributing federal political committee. **C** C00632950

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 30138.42

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2017

Transaction ID : SA12.2468

Amount of Each Receipt this Period
 30138.42

Memo Item
 TRANSFER

TRANSFER OF JOINT FUNDRAISING PROCEEDS

B. BORCK, LEE, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 1506

City GREAT BEND	State KS	Zip Code 67530-1506
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)
 PRESIDENT INNOVATIVE LIVESTOCK SERVICES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 24 / 2017

Transaction ID : SA12.2473

Amount of Each Receipt this Period
 5000.00

Memo Item
 TRANSFER

JFC ATTRIB: TEAM MARSHALL

C. FOOTE, MICHELLE, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 416

City HOXIE	State KS	Zip Code 67740-0416
---------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)
 SELF FARMING

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ 850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 16 / 2017

Transaction ID : SA12.2471

Amount of Each Receipt this Period
 850.00

Memo Item
 TRANSFER

JFC ATTRIB: TEAM MARSHALL

SUBTOTAL of Receipts This Page (optional).....	30138.42
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 21
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Kansas Leadership PAC

A. FOOTE, SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 416

City HOXIE	State KS	Zip Code 67740-0416
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) SELF		Occupation (for Individual) FARMING
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 850.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2017
Transaction ID : SA12.2470

Amount of Each Receipt this Period
850.00

Memo Item
TRANSFER

JFC ATTRIB: TEAM MARSHALL

B. HARSHBERGER, GARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10905 WILDFIRE RD

City MINNEOLA	State KS	Zip Code 67865-8506
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) HARSHBERGER ENTERPRISES		Occupation (for Individual) OWNER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2100.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2017
Transaction ID : SA12.2476

Amount of Each Receipt this Period
2100.00

Memo Item
TRANSFER

JFC ATTRIB: TEAM MARSHALL

C. NELSON, TERRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1304 W FOX RD
P.O. BOX 38

City LONG ISLAND	State KS	Zip Code 67647-
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NELSON FARMS		Occupation (for Individual) FARMER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
02 / 14 / 2017
Transaction ID : SA12.2469

Amount of Each Receipt this Period
5000.00

Memo Item
TRANSFER

JFC ATTRIB: TEAM MARSHALL

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 21
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Kansas Leadership PAC

A. TORLUEMKE, JEFF, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 474
 City HOXIE State KS Zip Code 67740-0474
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WESTERN PLAINS ENERGY LLC Occupation (for Individual) MANAGER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00

Date of Receipt **02 / 24 / 2017**
Transaction ID : SA12.2474
 Amount of Each Receipt this Period 850.00
 Memo Item
 TRANSFER
 JFC ATTRIB: TEAM MARSHALL

B. TORLUEMKE, KAREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 474
 City HOXIE State KS Zip Code 67740-0474
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00

Date of Receipt **02 / 24 / 2017**
Transaction ID : SA12.2475
 Amount of Each Receipt this Period 850.00
 Memo Item
 TRANSFER
 JFC ATTRIB: TEAM MARSHALL

C. CONESTOGA ENERGY PARTNERS LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 1178
 City LIBERAL State KS Zip Code 67905-1178
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **02 / 25 / 2017**
Transaction ID : SA12.2479
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 JFC ATTRIB: TEAM MARSHALL; SEE ATTRIBUTION BELOW

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 21
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Kansas Leadership PAC

A. NUETERRA HOLDINGS LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11221 ROE AVE
 STE 320
 City LEAWOOD State KS Zip Code 66211-1878
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **02 / 21 / 2017**
Transaction ID : SA12.2478
 Amount of Each Receipt this Period 5000.00
 Memo Item
TRANSFER
 JFC ATTRIB: TEAM MARSHALL; SEE ATTRIBUTION BELOW

B. SPRAY MANAGEMENT LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 214 HIGHWAY 281
 City GREAT BEND State KS Zip Code 67530-9660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **02 / 14 / 2017**
Transaction ID : SA12.2477
 Amount of Each Receipt this Period 5000.00
 Memo Item
TRANSFER
 JFC ATTRIB: TEAM MARSHALL; SEE ATTRIBUTION BELOW

C. HATCHER, NICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1701 N KANSAS AVE
 SUITE 102
 City LIBERAL State KS Zip Code 67901-2000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 SELF AGRICULTURE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt **02 / 25 / 2017**
Transaction ID : SA12.2484
 Amount of Each Receipt this Period 1650.00
 Memo Item
TRANSFER
 PARTNERSHIP ATTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 21
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Kansas Leadership PAC

A. O'BRATE, CECIL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 1195
 City GARDEN CITY State KS Zip Code 67846-1195
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PALMER MFG. & TANK INC. Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1650.00

Date of Receipt **02 / 25 / 2017**
Transaction ID : SA12.2483
 Amount of Each Receipt this Period 1650.00
 Memo Item
 TRANSFER
 PARTNERSHIP ATTRIBUTION

B. WILLIS, TOM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1701 N KANSAS AVE
 City LIBERAL State KS Zip Code 67901-2000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CONESTOGA ENERGY PARTNERS Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1650.00

Date of Receipt **02 / 25 / 2017**
Transaction ID : SA12.2482
 Amount of Each Receipt this Period 1650.00
 Memo Item
 TRANSFER
 PARTNERSHIP ATTRIBUTION

C. AYERS, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11221 ROE AVE
 City LEAWOOD State KS Zip Code 66211-1922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NUEHEALTH LLC Occupation (for Individual) CHIEF DEVELOPMENT OFFICER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 289.50

Date of Receipt **02 / 21 / 2017**
Transaction ID : SA12.2487
 Amount of Each Receipt this Period 289.50
 Memo Item
 TRANSFER
 PARTNERSHIP ATTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 21
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Kansas Leadership PAC

A. MAYHEW, DENISE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11221 ROE AVE
 City LEAWOOD State KS Zip Code 66211-1922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NUETERRA CAPITAL MANAGEMENT Occupation (for Individual) VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1279.50

Date of Receipt **02 / 21 / 2017**
Transaction ID : SA12.2486
 Amount of Each Receipt this Period 1279.50
 Memo Item
 TRANSFER
 PARTNERSHIP ATTRIBUTION

B. O' BRIEN, TIM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11221 ROE AVE
 City LEAWOOD State KS Zip Code 66211-1922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NUETERRA CAPITAL MANAGEMENT Occupation (for Individual) CHIEF OPERATING OFFICER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 228.50

Date of Receipt **02 / 21 / 2017**
Transaction ID : SA12.2489
 Amount of Each Receipt this Period 228.50
 Memo Item
 TRANSFER
 PARTNERSHIP ATTRIBUTION

C. SAALE, DAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11221 ROE AVE
 City LEAWOOD State KS Zip Code 66211-1922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NUETERRA HOLDINGS LLC Occupation (for Individual) CHIEF FINANCIAL OFFICER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 289.50

Date of Receipt **02 / 21 / 2017**
Transaction ID : SA12.2488
 Amount of Each Receipt this Period 289.50
 Memo Item
 TRANSFER
 PARTNERSHIP ATTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 21
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Kansas Leadership PAC

A. TASSET, DAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1121 ROE AVE
 City LEAWOOD State KS Zip Code 66211-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NUETERRA HOLDINGS LLC Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2913.00

Date of Receipt **02 / 21 / 2017**
Transaction ID : SA12.2485
 Amount of Each Receipt this Period 2913.00
 Memo Item
 TRANSFER
 PARTNERSHIP ATTRIBUTION

B. SPRAY, CHRISTOPHER, KELLY, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4935 QUAIL CREEK DR.
 City GREAT BEND State KS Zip Code 67530-6839
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VENTURE CORPORATION Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **02 / 14 / 2017**
Transaction ID : SA12.2481
 Amount of Each Receipt this Period 2500.00
 Memo Item
 TRANSFER
 PARTNERSHIP ATTRIBUTION

C. SPRAY, ORVILLE, OREN, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5000 TIMBERCREEK
 City GREAT BEND State KS Zip Code 67530-6638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VENTURE CORPORATION Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **02 / 14 / 2017**
Transaction ID : SA12.2480
 Amount of Each Receipt this Period 2500.00
 Memo Item
 TRANSFER
 PARTNERSHIP ATTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	30138.42

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 21
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Kansas Leadership PAC

A. FANATICS.COM
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8100 NATIONS WAY

City JACKSONVILLE	State FL	Zip Code 32256
----------------------	-------------	-------------------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1289.39

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		16		2017

Transaction ID : SA15.1994

Amount of Each Receipt this Period
1289.39

Memo Item
REFUND FOR CANCELLED ORDER

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1289.39
TOTAL This Period (last page this line number only).....	1289.39

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Kansas Leadership PAC

Full Name (Last, First, Middle Initial) A. BUFFALO WILD WINGS		Date of Disbursement MM / DD / YYYY 05 / 04 / 2017
Mailing Address 5500 WAYZATA BLVD STE 1600		FEC Identification Number C [] Transaction ID : SB21B.I1997 Amount of Each Disbursement this Period [] 76.26
City MINNEAPOLIS	State MN	Zip Code 55416
Purpose of Disbursement FOOD/BEVERAGE		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. BUFFALO WILD WINGS		Date of Disbursement MM / DD / YYYY 06 / 15 / 2017
Mailing Address 5500 WAYZATA BLVD STE 1600		FEC Identification Number C [] Transaction ID : SB21B.I2010 Amount of Each Disbursement this Period [] 68.82
City MINNEAPOLIS	State MN	Zip Code 55416
Purpose of Disbursement FOOD/BEVERAGE		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. BUFFALO WILD WINGS		Date of Disbursement MM / DD / YYYY 06 / 30 / 2017
Mailing Address 5500 WAYZATA BLVD STE 1600		FEC Identification Number C [] Transaction ID : SB21B.I2017 Amount of Each Disbursement this Period [] 82.24
City MINNEAPOLIS	State MN	Zip Code 55416
Purpose of Disbursement FOOD/BEVERAGE		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 227.32
TOTAL This Period (last page this line number only).....▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Kansas Leadership PAC

A. BUFFALO WILD WINGS

Full Name (Last, First, Middle Initial)

Mailing Address 5500 WAYZATA BLVD
STE 1600

City MINNEAPOLIS State MN Zip Code 55416

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
06 / 30 / 2017

FEC Identification Number: C []
Transaction ID : SB21B.I2018
Amount of Each Disbursement this Period: [] 35.01

Memo Item

B. CMDI

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD

City VIENNA State VA Zip Code 22182

Purpose of Disbursement DATABASE SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
04 / 24 / 2017

FEC Identification Number: C []
Transaction ID : SB21B.I1995
Amount of Each Disbursement this Period: [] 250.00

Memo Item

C. CMDI

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD

City VIENNA State VA Zip Code 22182

Purpose of Disbursement DATABASE SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
05 / 18 / 2017

FEC Identification Number: C []
Transaction ID : SB21B.I2000
Amount of Each Disbursement this Period: [] 250.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ [] 535.01

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers 21b through 30b with checkboxes.

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NAME OF COMMITTEE (In Full)
Kansas Leadership PAC

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL RD

City VIENNA State VA Zip Code 22182

Purpose of Disbursement DATABASE SERVICES

Candidate Name

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date of Disbursement form showing 06/21/2017

FEC Identification Number

FEC Identification Number form with Transaction ID SB21B.I2015 and Amount 250.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ELECTION CFO LLC

Mailing Address P.O. BOX 26141

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date of Disbursement form showing 06/12/2017

FEC Identification Number

FEC Identification Number form with Transaction ID SB21B.I1871 and Amount 301.70

Memo Item

Full Name (Last, First, Middle Initial)

C. FANATICS.COM

Mailing Address 8100 NATIONS WAY

City JACKSONVILLE State FL Zip Code 32256

Purpose of Disbursement FUNDRAISER - DONOR RECOGNITION

Candidate Name

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date of Disbursement form showing 06/15/2017

FEC Identification Number

FEC Identification Number form with Transaction ID SB21B.I2009 and Amount 1289.39

Memo Item REFUNDED - SEE OFFSET ON LINE 15.

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

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

Summary boxes showing SUBTOTAL 1841.09 and TOTAL

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Kansas Leadership PAC

Full Name (Last, First, Middle Initial) A. WASHINGTON NATIONALS		Date of Disbursement MM / DD / YYYY 05 / 18 / 2017
Mailing Address 1500 S CAPITOL ST SE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I1998 Amount of Each Disbursement this Period [REDACTED] 171.00
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement EVENT TICKETS		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. WASHINGTON NATIONALS		Date of Disbursement MM / DD / YYYY 05 / 18 / 2017
Mailing Address 1500 S CAPITOL ST SE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I1999 Amount of Each Disbursement this Period [REDACTED] 171.00
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement EVENT TICKETS		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. CAPITAL GRILLE		Date of Disbursement MM / DD / YYYY 06 / 14 / 2017
Mailing Address 601 PENNSYLVANIA AVE NW		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2008 Amount of Each Disbursement this Period [REDACTED] 306.00
City WASHINGTON	State DC	Zip Code 20004
Purpose of Disbursement FOOD/BEVERAGE		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 648.00
TOTAL This Period (last page this line number only).....▶	[REDACTED] 3251.42

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Kansas Leadership PAC

Full Name (Last, First, Middle Initial) A. BRIAN MAST FOR CONGRESS		Date of Disbursement MM / DD / YYYY 06 / 05 / 2017
Mailing Address PO BOX 3016		FEC Identification Number C 00579896 Transaction ID : SB23.I2024 Amount of Each Disbursement this Period 1000.00
City STUART	State FL	Zip Code 34995
Purpose of Disbursement	Category/Type	
Candidate Name MAST, BRIAN, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: FL	District: 18	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. COMSTOCK FOR CONGRESS		Date of Disbursement MM / DD / YYYY 05 / 17 / 2017
Mailing Address 6822 WEMBERLY WAY		FEC Identification Number C 00554261 Transaction ID : SB23.I2023 Amount of Each Disbursement this Period 1000.00
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement	Category/Type	
Candidate Name COMSTOCK, BARBARA, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: VA	District: 10	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. HANDEL FOR CONGRESS, INC.		Date of Disbursement MM / DD / YYYY 05 / 09 / 2017
Mailing Address 3085 ROXBURGH DRIVE		FEC Identification Number C 00633362 Transaction ID : SB23.I2025 Amount of Each Disbursement this Period 1000.00
City ROSWELL	State GA	Zip Code 30076
Purpose of Disbursement	Category/Type	
Candidate Name HANDEL, KAREN , CHRISTINE, ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
State: GA	District: 06	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Kansas Leadership PAC

Full Name (Last, First, Middle Initial) A. HURD FOR CONGRESS		Date of Disbursement MM / DD / YYYY 05 / 17 / 2017
Mailing Address PO BOX 761029		FEC Identification Number C00545467 Transaction ID : SB23.I2021 Amount of Each Disbursement this Period 1000.00
City SAN ANTONI	State TX	Zip Code 78245
Purpose of Disbursement	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name HURD, WILLIAM, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: TX	District: 23	

Full Name (Last, First, Middle Initial) B. VALADAO FOR CONGRESS		Date of Disbursement MM / DD / YYYY 05 / 16 / 2017
Mailing Address 5132 N PALM AVE #227		FEC Identification Number C00499392 Transaction ID : SB23.I2019 Amount of Each Disbursement this Period 1000.00
City FRESNO	State CA	Zip Code 93704
Purpose of Disbursement	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name VALADAO, DAVID, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: CA	District: 21	

Full Name (Last, First, Middle Initial) C. WIN IN MONTANA		Date of Disbursement MM / DD / YYYY 05 / 09 / 2017
Mailing Address PO BOX 26141		FEC Identification Number C00638858 Transaction ID : SB23.I2026 Amount of Each Disbursement this Period 1000.00
City ALEXANDRIA	State VA	Zip Code 22313
Purpose of Disbursement	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input 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)..... ▶

3000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Kansas Leadership PAC

Full Name (Last, First, Middle Initial)

A. NRCC

Mailing Address 320 FIRST STREET SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	1							

FEC Identification Number

C C00075820

Transaction ID : SB23.I2022

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

5000.00

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

11000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Kansas Leadership PAC

A. DICKINSON COUNTY REPUBLICAN CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 2123 UNION RD

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

City
CHAPMAN

State
KS

Zip Code
67431

FEC Identification Number

Purpose of Disbursement
CONTRIBUTION (LOCAL PARTY ORGANIZATION)

C

Transaction ID : SB29.I2027
Amount of Each Disbursement this Period

Candidate Name

Category/
Type

500.00

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: District:

B. EISENHOWER SERIES

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 4902 W 155TH TERRACE

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

City
OVERLAND PARK

State
KS

Zip Code
66224

FEC Identification Number

Purpose of Disbursement
CONTRIBUTION

C

Transaction ID : SB29.I2020
Amount of Each Disbursement this Period

Candidate Name

Category/
Type

600.00

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: District:

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

M	M	/	D	D	/	Y	Y	Y	Y

City

State

Zip Code

FEC Identification Number

Purpose of Disbursement

C

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: District:

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

1100.00

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

1100.00