FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

Dennis Hupe, Treasurer
Kansas Farm Bureau Voters Org/
Elect Farm Bureau Friends Fund
(KS FARM BUR VOTE FBF FUND)
2627 KFB Plaza
Manhattan, KS 66502

OCT 25 1994

Identification Number: C00285783

Reference: October Quarterly Report (7/14/94-9/30/94)

Dear Mr. Hupe:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Please provide a Schedule B to support the entry reported on Line 22 of the Detailed Summary Page. Each transfer-out to an affiliated committee must be itemized on Schedule B regardless of the amount transferred. 2 U.S.C. §434(b)(6)(B)(i)

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,

J.P. Andre
Reports Analyst
Reports Analysis Division

251

10/28/94 Dear J.P.
Thanks for bringing this to our attention. I have attached schedule "B" per your request. Sorry for the oversight.
Sincerely,
Dave Dennis
Asst. Treasurer

9403941080 0

July 14, 1994 to Sept. 30, 1994

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 22

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 Farm Bureau Voters Org/Elect Farm Bureau Friends Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Vote FBF-State 2627 KFB Plaza Manhattan, KS 66502	Transfer Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/9/94	6,000
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	6,000
TOTAL This Period (last page this line number only)	6,000

9 4 0 3 9 4 1 0 9 0 1

FE4PN10

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	DATE OF RECEIPT
☑	First Class Mail	POSTMARKED 10-28-94
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

JMK
PREPARER

11-1-94
DATE PREPARED

FEC FORM 70-2 (12/92)

9 4 0 3 9 4 1 0 9 0 2