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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. FREE STATE PAC P.O. Box 1152 ADDRESS (number and street) (Check if address is changed) Hays 67601 KS CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS jtccpa09@att.net (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 02 2019 C00455717 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Clark, James, Tice, , Type or Print Name of Treasurer Clark, James, Tice, , [Electronically Filed] 10 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

	FEC Fo	rm 1 (Revised 02/2009)	Page 2			
		OMMITTEE				
Candidate Committee:						
(a)	ш	This committee is a principal campaign committee. (Complete the candidate information below.)				
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate			
	ne of ididate					
	didate ty Affiliatio	Office Sought: House Senate President	State			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District			
	ne of didate					
Par	rty Con	nmittee:				
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.			
Pol	itical A	ction Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its confi	nected 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 segment of the supports of the support	aregated fund or party			
(1)	×	committee. (i.e., nonconnected committee)	gregated fand of party			
		In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Joir	nt Fund	raising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political			
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political			
	Com	mittees Participating in Joint Fundraiser				
	1.	FEC ID number				
	2.	FEC ID number				
	3.	FEC ID number				
	4.					

FEC Form 1 (Revis		Page 3
Write or Type Committee N		
FREE STATE		
6. Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fundraising Representative	ve, or Leadership PAC Sponsor
MORAN, JERRY, ,	,	
Mailing Address	P.O. 1151	
		67601
	CITY STATE	ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Represe	entative 🗶 Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the	e person in possession of committee
	James, , ,	
Full Name	2116 Inverness Drive	
Mailing Address		
		00047
	Lawrence	66047
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	785 843 4551
Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the committe g., assistant treasurer).	ee; and the name and address of
Full Name Clark, of Treasurer	James, , ,	
Mailing Address	2116 Inverness Drive	
	Lawrence	66047
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	785

FEC FOIII I (R	evised 02/2009)			Page 4
Full Name of Designated Clark Agent	ς, James, , ,			
Mailing Address	2116 Inverness Drive			
	Lawrence CITY S	KS	66047	ZIP CODE
Fitle or Position Treasurer		er	785	843 - 455
safety deposit boxes or Name of Bank, Deposit		•		
Name of Bank, Deposit	maintains funds.	· 		
Name of Bank, Deposit	r maintains funds. tory, etc.			
Name of Bank, Deposit	r maintains funds. tory, etc.	KS	66044	
Name of Bank, Deposit	r maintains funds. tory, etc. rust Bank 901 Vermont Lawrence		66044	ZIP CODE
Name of Bank, Deposit	r maintains funds. tory, etc. Pust Bank 901 Vermont Lawrence CITY S	KS	66044	ZIP CODE
Name of Bank, Deposite Intransition Mailing Address Name of Bank, Deposite	r maintains funds. tory, etc. Pust Bank 901 Vermont Lawrence CITY S	KS	66044	ZIP CODE
Name of Bank, Deposite Intransition Mailing Address Name of Bank, Deposite	r maintains funds. tory, etc. Pust Bank 901 Vermont Lawrence CITY Story, etc.	KS	66044	ZIP CODE
Name of Bank, Deposit Mailing Address Name of Bank, Deposit	r maintains funds. tory, etc. Pust Bank 901 Vermont Lawrence CITY Story, etc.	KS	66044	ZIP CODE
Name of Bank, Deposit Mailing Address Name of Bank, Deposit	r maintains funds. tory, etc. Pust Bank 901 Vermont Lawrence CITY Story, etc.	KS	66044	ZIP CODE

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

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Page ____ **of** _____

rganization Affiliated Committee rame, address (phone number – option CITY CITY CITY SEList all banks or other depositories in values funds.	Telephone N	STATE A	ZIP CODE A
Affiliated Committee v name, address (phone number – option CITY CITY E: List all banks or other depositories in v	Telephone N	Representation of the second o	Leadership PAC Spo
Affiliated Committee v name, address (phone number – option CITY CITY E: List all banks or other depositories in v	Telephone N	Representation of the second o	Leadership PAC Spo
Affiliated Committee v name, address (phone number – option CITY CITY E: List all banks or other depositories in v	Telephone N	Representation of the second o	Leadership PAC Spo
Affiliated Committee v name, address (phone number – option CITY CITY E: List all banks or other depositories in v	Telephone N	Representation of the second o	Leadership PAC Spo
rganization Affiliated Committee	Telephone N	Representation of the second o	Leadership PAC Spo
rganization Affiliated Committee	al)	Representa	Leadership PAC Spo
rganization Affiliated Committee	al)	Representa	Leadership PAC Spo
rganization Affiliated Committee			
	Joint Fundraisin		
CITY A		STATE ▲	ZIP CODE ▲
Belleville		KS	66935
P.O. Box 541			
ganization, Affiliated Committee, Joint I nittee	Fundraising Rep	presentative	e, or Leadership PAC Spons
			C
			C
			C
	P.O. Box 541	FEC ID FE	P.O. Box 541

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

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(h). Joint Fundraisi	ig Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected	Organization, Affiliated Committee, Joint Fun Y FUND	draising Representative	e, or Leadership PAC Spons
Mailing Address	4741 CENTRAL ST		1 1 1 1 1 1 1 1 1 1
	STE 444		
	KANSAS CITY	MO	64112
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Jointy by name, address (phone number – optional)	int Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif		int Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif		int Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif		int Fundraising Representa	Leadership PAC Sp
esignated Agent: Identification Full Name Mailing Address	by by name, address (phone number – optional)	int Fundraising Representation	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, repository, etc.	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

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
	4.		FEC ID number	C
	4.			
6.		Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Sponsor
	Mailing Address	228 S. WASHINGTON ST.		
		STE. 115		
		ALEXANDRIA	VA	22314
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	d Organization	Fundraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
		1		
			1 1 . 1	1
	TITLE OF POSITION	_ CITY ▲	STATE ▲	ZIP CODE ▲
	TITLE OR POSITION	1		
			Number	- -
			elephone Number	
9.	safety deposit boxes or ma	ries: List all banks or other depositories in which		s funds, holds accounts, rents
9.	Banks or Other Depositor safety deposit boxes or man Name of Bank, Depository, etc.	ries: List all banks or other depositories in which		s funds, holds accounts, rents
9.	safety deposit boxes or ma	ries: List all banks or other depositories in which		s funds, holds accounts, rents
9.	Name of Bank, Depository, etc.	ries: List all banks or other depositories in which		s funds, holds accounts, rents
9.	Name of Bank, Depository, etc.	ries: List all banks or other depositories in which		s funds, holds accounts, rents