

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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2007 MAY 29 AM 9:44

Office Use Only

1. NAME OF
COMMITTEE (in full)

X

(Check if name
is changed)

Example: if typing, type
over the lines.

12FE4M5

BROWNBACK FOR PRESIDENT, INC.

ADDRESS (number and street)

P.O. BOX 2008

(Check if address
is changed)

2436 SW CAMELOT PLACE

TOPEKA

KS

66601-2008

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

TCANDERSON@BROWNBACK.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

BROWNBACK.COM

COMMITTEE'S FAX NUMBER

-

2. DATE 05 15 2007

3. FEC IDENTIFICATION NUMBER ▶

C00430694

4. IS THIS STATEMENT

NEW (N)

OR

X

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.

Type or Print Name of Treasurer

T.C. ANDERSON

Signature of Treasurer

T.C. Anderson

Date

05 15 2007

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
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

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BROWNBACK FOR PRESIDENT, Inc

5. TYPE OF COMMITTEE (Check One)

- (a) 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. (Complete the candidate information below.)

Name of Candidate SAMUEL DALE BROWNBACK

Candidate Party Affiliation REP Office Sought House Senate President State _____ District _____

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

- Type of Connected Organization:
- Corporation
 - Corporation w/o Capital Stock
 - Labor Organization
 - Membership Organization
 - Trade Association
 - Cooperative

27039444967

Write or Type Committee Name

BROWNBACK FOR PRESIDENT, INC.

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name T.C. ANDERSON

Mailing Address 2436 SW CAMELOT PLACE

TOPEKA KS 66614

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 785 - 272 - 5850

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 T.C. ANDERSON

Mailing Address 2436 SW CAMELOT PLACE

TOPEKA KS 66614

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number _____

Full Name of Designated Agent T.C. ANDERSON

Mailing Address 2436 SW CAMELOT PLACE

TOPEKA KS 66614

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number _____

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BROWNBACK FOR PRESIDENT, INC.

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.

COMMERCE BANK & TRUST

Mailing Address

3035 S. TOPEKA BLVD.

TOPEKA

KS

66614 2107

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

ACCESS NATIONAL BANK

Mailing Address

14006 LEE JACKSON MEMORIAL HY

CHANTILLY

VA

20151

CITY ▲

STATE ▲

ZIP CODE ▲

27039444969

BROWNBACK FOR PRESIDENT, Inc

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.

WACHOVIA BANK

Mailing Address

100 N. MAIN ST.

WINSTON-SALEM

NC

27150

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify): Next Business Day Delivery <input type="checkbox"/>	Shipping Date
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<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

[Signature]
 PREPARER

5/29/07
 DATE PREPARED

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