	RECEIPTS AND DISB		OF PRESIDENT OR V	1 / 5
1. NAME OF COMMITTE BROWNBACK FOR	EE (in full)			
ADDRESS (number and	1 street)			
PO BOX 2008	Check if different the	an previously reported	2. IDENTIFICATION NUM	MBER
2436 SW CAMELO	T PL		C00430694	
CITY, STATE, and ZIP (3. IS THIS REPORT FOR	₹:
TOPEKA	KS	66601	Primary	General
4. TYPE OF RE	EPORT (Check here if this is	a Termination Report.)		
X April 15 Quarterly Re	eport	Monthly Report Due	_	
July 15 Quarterly Rep	•	February 20 March 20	☐ June 20 ☐ July 20	October 20 November 20
		April 20	August 20	December 20
October 15 Quarterly	Report	☐ May 20	September 20	January 31
January 31 Year End	l Report	Twelfth day report pr		pe of Election)
		election on		State of
		Thirtieth day report fo	ollowing the General Electio	n on
		on		
IS THIS REPORT AN AI	MENDMENT YES X	NO		
5. COVERING PERIOD		FROM 01/01/2010	THROU	JGH 03/31/2010
SUMMARY	6. CASH ON HAND AT BEGINNING (REPORTING PERIOD	OF THE		-360.67
	7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 2)			2500.00
	8. SUBTOTAL (Lines 6 and 7)			2139.33
	9. TOTAL DISBURSEMENTS THIS P (From Line 30, Column A, Page 2)	ERIOD		0.00
	10. CASH ON HAND AT CLOSE OF F (Subtract Line 9 from 8)	REPORTING PERIOD		2139.33
	11. DEBTS AND OBLIGATIONS OWE (Itemize All on Schedule C-P or Sch	redule D-P)		0.00
	12. DEBTS AND OBLIGATIONS OWE (Itemize All on Schedule C-P or Sch			49259.82
	13. EXPENDITURES SUBJECT TO L	IMITATION		4210664.46
NET ELECTION CYCLE- TO-DATE	14. NET CONTRIBUTIONS (Other that (Subtract Line 28d, Column B from	an Loans) 17e, Column B, Page 2)		3580747.17
CONTRIBUTIONS AND EXPENDITURES	15. NET OPERATING EXPENDITURE (Subtract Line 20a, Colummn B fron			4210664.46
I certify that I have exar	mined this Report and to the best of n	ny knowledge and belief it is tr	rue, correct, and complete	е.
Type or Print Name of Tro. Anderson				Date 04/01/2010
Signature of Treasurer				
	se, erroneous, or incomplete information EC FORM 3P are obsolete and should n	, , , ,	his Report to the penalties of	of 2 U.S.C. §437g.
For further information		nission Toll Free 800-424	⁻⁹⁵³⁰	EC FORM 3P 1/2001)

DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS (PAGE 2, FEC FORM 3P)				
Name of committee (in full) BROWNBACK FOR PRESIDENT INC		Report Covering the Period From: 01/01/2010	To: 03/31/2010	
I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
16. FEDERAL FUNDS (Itemize on Schedule A-P)		0.00	0.00	
17. CONTRIBUTIONS (other than loans) FROM:				
(a) Individuals/Persons Other Than Political Committees		0.00	3604055.17	
(b) Political Party Committees		0.00	300.00	
(c) Other Political Committees		2500.00	49435.00	
(d) The Candidate		0.00	0.00	
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a) , 17(b), 17	(c), 17(d))	2500.00	3653790.17	
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		0.00	575000.00	
19. LOANS RECEIVED:				
(a) Loans Received From or Guaranteed by Candidate		0.00	0.00	
(b) Other Loans		0.00	0.00	
(c) TOTAL LOANS (Add 19(a) and 19(b))		0.00	0.00	
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):				
(a) Operating		0.00	135448.99	
(b) Fundraising		0.00	0.00	
(c) Legal and Accounting		0.00	0.00	
(d) TOTAL OFFSETS TO OPERATING EXPENDITURES (Add 20(a),	20(b) and 20(c))	0.00	135448.99	
21. OTHER RECEIPTS (Dividend, Interest, etc.)		0.00	87068.58	
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d), 21)		2500.00	4451307.74	
II. DISBURSEMENTS				
23. OPERATING EXPENDITURES		0.00	4346113.45	
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		0.00	32447.39	
25. FUNDRAISING DISBURSEMENTS		0.00	0.00	
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS		0.00	0.00	
27. LOAN REPAYMENTS MADE :				
(a) Repayment of Loans made or Guaranteed by Candidate		0.00	0.00	
(b) Other Repayments		0.00	0.00	
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))		0.00	0.00	
28. REFUNDS OF CONTRIBUTIONS TO :				
(a) Individuals/Persons Other Than Political Committees		0.00	73043.00	
(b) Political Party Committees		0.00	0.00	
(c) Other Political Committees		0.00	0.00	
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b), 28(c))		0.00	73043.00	
29. OTHER DISBURSEMENTS		0.00	97.00	
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)		0.00	4451700.84	
III. CONTRIBUTED ITEMS (Stock, Art C	bjects. etc.)			
31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)		0.00		
J Line Sitting to be Electronical Library		0.00		

ALLOCATION OF PRIMARY EXPENDITURES BY STATE FOR A PRESIDENTIAL CANDIDATE (Used Only by Primary Committees Receiving or Expecting to Receive Federal Funds)

(PAGE 3, FEC FORM 3P) 3/5

1. NAME OF COMMITTEE (in full)

BROWNBACK FOR PRESIDENT INC

ADDRESS (number and street)

PO BOX 2008 2436 SW CAMELOT PL

CITY, STATE, and ZIP CODE

TOPEKA KS 66601 2. IDENTIFICATION NUMBER

C00430694

ALLOCATION BY STATE

STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE	STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE
Alabama	0.00	0.00	Nebraska	0.00	0.00
Alaska	0.00	0.00	Nevada	0.00	0.00
Arizona	0.00	0.00	New Hampshire	0.00	0.00
Arkansas	0.00	0.00	New Jersey	0.00	0.00
California	0.00	0.00	New Mexico	0.00	0.00
Colorado	0.00	0.00	New York	0.00	0.00
Connecticut	0.00	0.00	North Carolina	0.00	0.00
Delaware	0.00	0.00	North Dakota	0.00	0.00
District of Columbia	0.00	0.00	Ohio	0.00	0.00
Florida	0.00	0.00	Oklahoma	0.00	0.00
Georgia	0.00	0.00	Oregon	0.00	0.00
Hawaii	0.00	0.00	Pennsylvania	0.00	0.00
Idaho	0.00	0.00	Rhode Island	0.00	0.00
Illinois	0.00	0.00	South Carolina	0.00	0.00
Indiana	0.00	0.00	South Dakota	0.00	0.00
lowa	0.00	0.00	Tennessee	0.00	0.00
Kansas	0.00	0.00	Texas	0.00	0.00
Kentucky	0.00	0.00	Utah	0.00	0.00
Louisiana	0.00	0.00	Vermont	0.00	0.00
Maine	0.00	0.00	Virginia	0.00	0.00
Maryland	0.00	0.00	Washington	0.00	0.00
Massachussetts	0.00	0.00	West Virginia	0.00	0.00
Michigan	0.00	0.00	Wisconsin	0.00	0.00
Minnesota	0.00	0.00	Wyoming	0.00	0.00
Mississippi	0.00	0.00	Puerto Rico	0.00	0.00
Missouri	0.00	0.00	Guam	0.00	0.00
Montana	0.00	0.00	Virgin Islands	0.00	0.00
			TOTALS	0.00	0.00

Schedule A-P ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 4 / 5 (check only one) 16 17a 17b X 17c 17d 18 19a 19b 20a 20b 20c 21
Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BROWNBACK FOR PRESIDENT INC			
Full Name (Last, First, Middle Initial) A. Textile Rental Services Assn. of America PAC			Date of Receipt
Mailing Address 1800 Diagonal Road #200			02 09 7 2010
City	State	Zip Code	
<u>Alexandria</u>	VA	22314	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C00	279828	2500.00
Name of Employer	Occupation	n	Primary Contribution
Receipt For: 2008 X Primary General	Election C	Cycle-to-Date ▼ 2500.00	
Other (specify)	0 0	2500.00	Transaction ID: SA17C.5333

SUBTOTAL of Receipts This Page (optional)	•	2500.00
TOTAL This Period (last page this line number only)	<u>·</u>	2500.00

Schedule C-P PAGE 5/5 Use separate schedule(s) FOR LINE NUMBER: for each category of the **LOANS** (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) BROWNBACK FOR PRESIDENT INC Transaction ID: SC/12.5317 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: SAMUEL DALE BROWNBACK - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 4826 URISH ROAD City TOPEKA State KS ZIP Code 66610 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 0.00 49259.82 49259.82 **TERMS** Secured: Date Due Interest Rate Date Incurred 0 4 2009 12/31/2009 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 49259.82 SUBTOTALS This Period This Page (optional) 49259.82 TOTALS This Period (last page in this line only)

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.