SECRETARY OF THE SENATE
08 MAY 21 PM 1:44
Office Use Only

FEC FORM 1

STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full) [X] (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Pat Roberts for U.S. Senate, Inc.

ADDRESS (number and street) P.O. Box 433

[ ] (Check if address is changed)

Great Bend | KS | 67530 -

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

patrobertsforsenate@abbb.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

620 - 792 - 5559

2. DATE MM 05 / DD 15 / YYYY 2008

3. FEC IDENTIFICATION NUMBER C00128876

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 Richard A. Ball (Assistant Treasurer)

Signature of Treasurer Richard A. Ball, Asst. Treas. Date 05 / 15 / 2008

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 Use Only				

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

FEC FORM 1
(Revised 12/2007)

FE3AN042.PDF

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5. TYPE OF COMMITTEE

Candidate Committee:

(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

Candidate Party Affiliation

Office Sought: ☐ House ☐ Senate ☐ President

State

District

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

Name of Candidate

Party Committee:

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

Political Action Committee (PAC):

(e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization

☐ Membership Organization ☐ Trade Association ☐ Cooperative

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

☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

(g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

(h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. FEC ID number C
2. FEC ID number C
3. FEC ID number C
4. FEC ID number C
5. FEC ID number C

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Write or Type Committee Name

6. **Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Representative**

2008 Senator's Classic Committee

Mailing Address 228 S. Washington Street
Suite 115
Alexandria VA 22314 -
CITY STATE ZIP CODE

Relationship:

☐ Connected Organization ☐ Affiliated Committee ☐ Leadership PAC Sponsor ☒ Joint Fundraising Representative

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

Mailing Address

CITY STATE ZIP CODE

Title or Position

Telephone number -

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

Mailing Address

CITY STATE ZIP CODE

Title or Position

Telephone number -

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Full Name of Designated Agent

Mailing Address

CITY STATE ZIP CODE

Title or Position

Telephone number

9. **Banks or Other Depositories:** List all banks c
safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BB&T

Mailing Address 1909 K St

Washingto

Line 9 –

Keep all banks already listed, plus add this one.

Thanks,
Debby Kaiser
Bookkeeper

Name of Bank, Depository, etc.

Mailing Address

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PAMELA B. GAVIN
SUPERINTENDENT

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