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FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

Office Use Only

1. NAME OF  
COMMITTEE (in full)



(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

TCTLACBOX.NET

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

01/28/2008

3. FEC IDENTIFICATION NUMBER

C00430694

4. IS THIS STATEMENT



NEW (N)

OR



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

01/28/2008

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)

## 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

SAMUEL DALE BRONNBACK

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

**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.	<input type="text"/>	FEC ID number	<input type="text"/>
2.	<input type="text"/>	FEC ID number	<input type="text"/>
3.	<input type="text"/>	FEC ID number	<input type="text"/>
4.	<input type="text"/>	FEC ID number	<input type="text"/>
5.	<input type="text"/>	FEC ID number	<input type="text"/>

Write or Type Committee Name

BROWNBACk For President, Inc.

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

Mailing Address

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

T. L. ANDERSON

Mailing Address

2436 SW CAMELOT PLACE

TOPEKA

CITY

STATE

ZIP CODE

Title or Position

TREASURER

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

T. L. ANDERSON

Mailing Address

2436 SW CAMELOT PLACE

TOPEKA

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

Full Name of  
Designated  
Agent

Mailing Address

Title or Position

Telephone number

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.

Mailing Address

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

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	
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<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>Jmp</i> PREPARER	<i>2/4/08</i> DATE PREPARED

(3/2005)

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