20-7 - 04 - 09 - 0M - 00-29050

FEC FORM 1

STATEMENT OF ORGANIZATION

FEC MAIL CENTER

2017 - IA Militagues Punty -

NAME OF COMMITTEE (in full)	(Check if name is changed)	ne Example: If typing, type over the lines.	12FE4M5	i
Thiomas For	Pirieisiiidie	11/1 210/2101111	<u> </u>	
		<u> </u>		
ADDRESS (number and street)	18.1.3 W 4	<u></u>	<u></u>	
(Check if address is changed)	ــــــــــــــــــــــــــــــــــــــ	- - - - - - - - - - 	<u> </u>	
	CITY A			
COMMITTEE'S E-MAIL ADDRES	SS			
(Check if address is changed)	Thomas F		2,0,2,0,0,9,0,0,1,1,0,0,0	<u></u>
		 		
COMMITTEE'S WEB PAGE ADD (Check if address is changed)	DRESS (URL)			
2. DATE OI	20,17			
3. FEC IDENTIFICATION NU	JMBER ▶			
4. IS THIS STATEMENT	NEW (N)	OR AMENDED (A)		
I certify that I have examined th	is Statement and to th	e best of my knowledge and belie	it is true, correct and complete.	
Type or Print Name of Treasurer	Robert	James Thomas		
Signature of Treasurer		0-	Date Oil Diag	ŏΪŽ
NOTE: Submission of false, errone	-	mation may subject the person signir ORMATION SHOULD BE REPORTE	g this Statement to the penalties of 52 U.S D WITHIN 10 DAYS.	3.C. §30109
Office Use		For further information Federal Election Comm Toll Free 800-424-9530	CCL CURIN	

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			11 (1104300 022000)			
5.			OMMITTEE			
	Cano		e Committee:			
	(a)	X	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 $R_{0.b}$ ert, $J_{a.m.e.s}$, $J_{h0.m.a.s}$					
	Candidate Party Affiliation IND Sought: House Senate President District					
	(c)	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name of Candidate					
	Part	v Con	nmittee:			
	(d)		This committee is a (National, State or subordinate) committee of the Republican, etc.) Party.			
	Polit	ical A	ction Committee (PAC):			
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:			
		U.SARA	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 segregated fund or party committee. (i.e., nonconnected committee)			
			In addition, this committee is a Lobbyist/Registrant PAC.			
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
	Joint	Fund	raising 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					
		00111	Section of the sectio			
		1.	FEC ID number C			
		2.	FEC ID number C			
	3. FEC ID number C					
		4 .	FEC ID number			

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Write or Type Committee Name	•	·
Thomas For	President 2020	
6. Name of Any Connected (Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	adership PAC Sponsor
MAMELLINE		
MONE		
Mailing Address		
		<u> </u>
	CITY STATE	ZIP CODE
Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
·		rust
 Custodian of Records: Ide books and records. 	ntify by name, address (phone number optional) and position of the person	in possession of committee
IR a. h.	eirit, James, Thomas	
	18,1,3, W, 4,78h, , , , , , , , , , , , , , , ,	
Mailing Address	[0][1][3] [W] [7][4][] [] [] [] [] [] []	
	Larned KS 6	7550-3416
Title or Position	CITY STATE	ZIP CODE
	Telephone number [6,20]	-1 <u>8,0,4]</u> -13,6,9,6]
8. Treasurer: List the name an any designated agent (e.g.,	ad address (phone number optional) of the treasurer of the committee; and t assistant treasurer).	he name and address of
Full Name of Treasurer	e,r,t, James, Thomas	
Mailing Address	18,1,3, W, 4, t, h, , , , , , , , , ,	
	[k,a,r,n,e,d] [k,s] [6,	7,5,5,0 - 3,4,1,6
Title or Position	CITY STATE	ZIP CODE
Tide of Position	Telephone number	

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Full Name of Designated			
Agent	 		لــــا
Mailing Address			1_
	CITY	STATE ZIP CODE	
Title or Position			
	Telephone numb	er L	١
Name of Bank, Dep	oository, etc.		
Name of Bank, Dep	oository, etc.	 	_1_
Name of Bank, Dep	oository, etc.		
L			.L.
L			_ _ _ _
L			<u></u>
Mailing Address	CITY	STATE ZIP CODE	
Mailing Address	CITY	STATE ZIP CODE	
Mailing Address	CITY	STATE ZIP CODE	
Mailing Address Name of Bank, Dep	CITY	STATE ZIP CODE	
L	CiTY Sository, etc.	STATE ZIP CODE	
Mailing Address Name of Bank, Dep	City sository, etc.		
Mailing Address Name of Bank, Dep	City sository, etc.	STATE ZIP CODE	

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ks 67550 Robert J Thomas 813 W. 4th Larned KS 67550

DC 20463 Commission 3 Federal Election 999 E Street Washing ton

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Federal Election Com ENVELOPE REPLACEMENT PAGE FOR The FEC added this page to the end of this filing	R INCOMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail Postmarked 1/3/17	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	· · · · · · · · · · · · · · · · · · ·
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery
Received from House Records & Registration	
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
	1/9/17
PREPARER (3/2015)	DATE PREPARED