**FEC** 

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Christy Davis for Kansas 130 W. Main Street ADDRESS (number and street) Unit E (Check if address is changed) Council Grove 66846 KS CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS christydavis@gmail.com (Check if address is changed) Optional Second E-Mail Address chris@pattonprocessing.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 05 2019 C00721845 FEC IDENTIFICATION NUMBER > 3. 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. McKinney, Dennis, , , Type or Print Name of Treasurer McKinney, Dennis, , , [Electronically Filed] 10 05 2019 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

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		OMMITTEE • 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. (Cor information below.)	nplete the candidate
Name Cand	e of didate	Davis, Christy, , ,	
	didate / Affiliation	on DEM Office Sought: X House Senate President	State KS District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Parl	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a
		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 s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee N		
<b>Christy Davis</b>	for Kansas	
•	d Organization, Affiliated Committee, Joint Fundraising Representati	ive, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conne	cted Organization Affiliated Committee Joint Fundraising Represe	entative Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the	e person in possession of committee
	ney, Dennis, , ,	
Full Name	130 W. Main Street	
Mailing Address	Unit E	
	Council Grove	, 66846
		] [
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
3. <b>Treasurer:</b> List the name any designated agent (e.	and address (phone number optional) of the treasurer of the committ g., assistant treasurer).	tee; and the name and address of
	ney, Dennis, , ,	
of Treasurer	130 W. Main Street	
Mailing Address	Unit E	
		1 166946
	Council Grove KS  CITY STATE	ZIP CODE
Title or Position	CITY STATE	ZIP CODE
	Telephone number	

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE Z	IP CODE
Title or Position		
	Telephone number	
Banks or Other safety deposit bo Name of Bank, D	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, holds axes or maintains funds.  Depository, etc.	accounts, rents
safety deposit bo	xes or maintains funds.	accounts, rents
safety deposit bo Name of Bank, [	pepository, etc.  Farmers and Drovers Bank  201 W Main Street  Council Grove  KS 66846	
safety deposit bo Name of Bank, [	pepository, etc.  Farmers and Drovers Bank  201 W Main Street  Council Grove  CITY  STATE  Z	accounts, rents
safety deposit bo Name of Bank, [	pepository, etc.  Farmers and Drovers Bank  201 W Main Street  Council Grove  CITY  STATE  Z	
safety deposit bo Name of Bank, [	pepository, etc.  Farmers and Drovers Bank  201 W Main Street  Council Grove  CITY  STATE  Z	
Name of Bank, E	pepository, etc.  Farmers and Drovers Bank  201 W Main Street  Council Grove  CITY  STATE  Z	
Name of Bank, E	pepository, etc.  Farmers and Drovers Bank  201 W Main Street  Council Grove  CITY  STATE  Z	