FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instruction	_		200
NAME OF COMMITTEE (in f	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	Office use only
JIM RYUN FOF	R CONGRESS			
ADDRESS (number and s	PO Box 826			
X (Check if address is changed)	Topeka		KS L	66601 0826
		CITY▲	STATE	ZIP CODE ▲
COMMITTEE'S E-MAII kdavis@hdafed			1 1 1 1 1	
COMMITTEE'S WEB I	PAGE ADDRESS (URL)			·
COMMITTEE'S FAX N 3016543222				
2. DATE	/ D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICA	TION NUMBER	C C00432351		
4. IS THIS STATEM	ENT NEW (N) OR	X AMENDED (A)		
I certify that I have examin	ned this Statement and to the best of my kn	owledge and belief it is true, correct and	d complete	
Type or Print Name of	Treasurer Keith A. Davis			
Signature of Treasurer	Electronically Filed by Keith A. I	Davis	Date 08	12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fals	se, erroneous, or incomplete information ma	ay subject the person signing this State	•	s of 2 U.S.C. S437g.
Office Use Only FE3AN042.PDF		For further information c Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 12/2007)

	FEC F	Form 1 (Revised 12/2007)	Page 2
5.	TYPE OF CO	OMMITTEE (Check One)	
	(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 information below.)	the candidate
	Name of Candidate	Hon Jim R. Ryun	
	Candidate Party Affiliati	on Office X House Senate President	State KS District 02
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
	Party Comm		
	(d)	(National, State This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	Political Act	tion Committee (PAC):	
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ed organization is a:
		Corporation Corporation w/o Capital Stock	abor Organization
		Membership Organization Trade Association	Cooperative
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ed fund or party
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint Fundra	aising Representative:	
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundraiser	
		1. FEC ID number C	
		2 FEC ID number C	
		3. FEC ID number	
		4. FEC ID number C	
		FEC ID number	

Title or Position ▼ Custodian of Records Corrected Organization		FEC Form 1 (Revised 12	/2007)		Page 3
Mailing Address City A	W	rite or Type Committee Name			
CITY A STATE A ZIP CODE A Relationship: Connected Organization		JIM RYUN FOR CONGR	ESS		
CITY A STATE A ZIP CODE A Relationship: Connected Organization	6.	Name of Any Connected Org	janization, Affiliated Committee, Leadershi	ip PAC Sponsor or Joint Fundrais	ing Representative
CITY ▲ STATE ▲ ZIP CODE ▲ Relationship: Connected Organization					
CITY▲ STATE▲ ZIP CODE ▲ Relationship: Connected Organization					
Relationship: Connected Organization Affiliated Committee Leadership PAC Sponsor Joint Fundraising Representative Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records. Full Name Campaign Financial S ervices Full Name Suite 310 East Bethesda MD 20814 Title or Position V Custodian of Records Telephone number 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 Keith A. Davis Alexandria VA 21P CODE A STATEA ZIP CODE A Suite 115 Alexandria VA 22314 5404 Title or Position V CITY A STATEA ZIP CODE A Treasurer Treasurer		Mailing Address			
Relationship: Connected Organization Affiliated Committee Leadership PAC Sponsor Joint Fundraising Representative Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records. Full Name Campaign Financial S ervices Full Name Suite 310 East Bethesda MD 20814 Title or Position V Custodian of Records Telephone number 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 Keith A. Davis Alexandria VA 21P CODE A STATEA ZIP CODE A Suite 115 Alexandria VA 22314 5404 Title or Position V CITY A STATEA ZIP CODE A Treasurer Treasurer					
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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 Campaign Financial S ervices Mailing Address 7315 Wisconsin Avenue Suite 310 East Bethesda MD 20814 Title or Position ▼ Custodian of Records Telephone number 301 - 654 - 3220 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 228 S Washington Street Suite 115 Alexandria VA 22314 - 5404 Title or Position ▼ CITY A STATEA ZIP CODE A ZIP CODE A STATEA ZIP CODE A		Relationship:			
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Suite 310 East Bethesda MD 20814 Title or Position ▼ Custodian of Records Telephone number 301 654 _ 3220 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 Keith A. Davis Mailing Address 228 S Washington Street Suite 115 Alexandria VA 22314 _ 5404 Title or Position ▼ CITY A STATE A ZIP CODE A		Full Name Campa	ign Financial S ervices		
Bethesda MD 20814 Title or Position ▼ CITY STATE STATE ZIP CODE STATE STAT		Mailing Address	7315 Wisconsin Avenue		
Title or Position ▼ CITY A STATE A ZIP CODE A Custodian of Records Telephone number 301 - 654 - 3220 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 Keith A. Davis Alexandria VA 22314 - 5404 Title or Position ▼ CITY A STATE A ZIP CODE A Treasurer			Suite 310 East		
Treasurer Custodian of Records Telephone number 301 - 654 - 3220 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 Keith A. Davis Alexandria VA 22314 - 5404 Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Treasurer			Bethesda		20814
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name and address of any designated agent (e.g., assistant treasurer). Full Name of Treasurer Keith A. Davis 228 S Washington Street Suite 115 Alexandria VA 22314 − 5404 Title or Position ▼ CITY A STATE A ZIP CODE A Treasurer		Custodian	of Records	Telephone number	- <u>654</u> - <u>3220</u>
Mailing Address 228 S Washington Street Suite 115 VA 22314 _ 5404 Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲	8.	name and address of any Full Name	designated agent (e.g., assistant treas		ttee; and the
Suite 115 Alexandria VA 22314 - 5404 Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲			228 S Washington Stree	et	
Title or Position ♥ CITY A STATE A ZIP CODE A Treasurer 703 549 7705		gg	Suite 115		
Treasurer 703 549 7705			Alexandria	VA	22314 _ 5404
Treasurer Telephone number		Title or Position ♥	CITY A	STATE ▲	ZIP CODE A
		Treasurer		Telephone number 703	_ 549 _ 7705

	<u> </u>		Page 4
Full Name of Designated Agent _	Lisa R. Lisker		
Mailing Address	228 S Washington Street		
	Suite 115		
	Alexandria		22314 - 5404
Title or Position ▼	CITY A	STATE 🛦	ZIP CODE A
Assistant 1	reasurer	Telephone number 703	549 7705
Banks or Other Depositories safety deposit boxes or mainta Name of Bank, Depository, etc.	ins funds.	the committee deposits funds, ho	olds accounts, rents
Collin	ierce parik & rrust		
Mailing Address	PO Box 5049		
Mailing Address			
Mailing Address		KS	66605 _ 0049
Mailing Address	PO Box 5049	KS STATE 4	66605 _ 0049
Mailing Address Name of Bank, Depository, etc.	PO Box 5049 Topeka CITY		
Name of Bank, Depository, etc.	PO Box 5049 Topeka CITY		
Name of Bank, Depository, etc.	PO Box 5049 Topeka CITY City 7901 Wisconsin Avenue		ZIP CODE 🛕
Name of Bank, Depository, etc.	PO Box 5049 Topeka CITY City 7901 Wisconsin Avenue	STATE 4	ZIP CODE 🛕
Name of Bank, Depository, etc	PO Box 5049 Topeka CITY c: ovia Bank, N.A. 7901 Wisconsin Avenue	STATE 4	ZIP CODE 🛕