

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Team Marshall

ADDRESS (number and street) PO Box 26141 Alexandria VA 22313 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00632950 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

5. Covering Period 01 / 01 / 2018 through 03 / 31 / 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Marston, Chris, , , Type or Print Name of Treasurer

Signature of Treasurer Marston, Chris, , , [Electronically Filed] Date 04 / 07 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Team Marshall

Report Covering the Period: From: / / To: / /

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|--|--|
| 6. (a) Cash on Hand January 1, <input type="text" value="2018"/> | | <input type="text" value="2349.60"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="2349.60"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="121250.00"/> | <input type="text" value="121250.00"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="123599.60"/> | <input type="text" value="123599.60"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="121700.01"/> | <input type="text" value="121700.01"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="1899.59"/> | <input type="text" value="1899.59"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Team Marshall

Report Covering the Period: From: 01 / 01 / 2018 To: 03 / 31 / 2018

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 103750.00 | 103750.00 |
| (ii) Unitemized | 0.00 | 0.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 103750.00 | 103750.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 17500.00 | 17500.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 121250.00 | 121250.00 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶ | 121250.00 | 121250.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 121250.00 | 121250.00 |

DETAILED SUMMARY PAGE
of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 1792.42 | 1792.42 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 1792.42 | 1792.42 |
| 22. Transfers to Affiliated/Other Party Committees..... | 119907.59 | 119907.59 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements (Including Non-Federal Donations)..... | 0.00 | 0.00 |
| 30. Federal Election Activity (52 U.S.C. § 30101(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 121700.01 | 121700.01 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 121700.01 | 121700.01 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| III. Net Contributions/ Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 121250.00 | 121250.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 121250.00 | 121250.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 1792.42 | 1792.42 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 1792.42 | 1792.42 |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 6 OF 24 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Team Marshall

A. FOOTE, SCOTT, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address P.O. BOX 416

| | | |
|---|-------------------------------------|--|
| City HOXIE | State KS | Zip Code 67740-0416 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer (for Individual) SELF | | Occupation (for Individual) FARMING |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | |

Date of Receipt
MM / DD / YYYY
03 / 19 / 2018
Transaction ID : SA11A.2999

Amount of Each Receipt this Period
10000.00

Memo Item
CONTRIBUTION
SEE REATTRIBUTION

B. FOOTE, MICHELLE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address P.O. BOX 416

| | | |
|---|-------------------------------------|--|
| City HOXIE | State KS | Zip Code 67740-0416 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer (for Individual) SELF | | Occupation (for Individual) FARMING |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | |

Date of Receipt
MM / DD / YYYY
03 / 19 / 2018
Transaction ID : SA11A.2998

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION
REATTRIBUTION FROM SPOUSE

C. FOOTE, SCOTT, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address P.O. BOX 416

| | | |
|---|-------------------------------------|--|
| City HOXIE | State KS | Zip Code 67740-0416 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer (for Individual) SELF | | Occupation (for Individual) FARMING |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ 5000.00 | |

Date of Receipt
MM / DD / YYYY
03 / 19 / 2018
Transaction ID : SA11A.3000

Amount of Each Receipt this Period
- 5000.00

Memo Item
CONTRIBUTION
REATTRIBUTION TO SPOUSE

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 10000.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 24 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Team Marshall

A. KLOTZ, CHRISTIE, KAYE, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 86
 City HOLCOMB State KS Zip Code 67851-0086
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KLOTZ SAND CO., INC. Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 7500.00

Date of Receipt **02 / 17 / 2018**
Transaction ID : SA11A.2925
 Amount of Each Receipt this Period 10000.00
 Memo Item CONTRIBUTION
 SEE REATTRIBUTION

B. KLOTZ, CHRISTIE, KAYE, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 86
 City HOLCOMB State KS Zip Code 67851-0086
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KLOTZ SAND CO., INC. Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 7500.00

Date of Receipt **02 / 17 / 2018**
Transaction ID : SA11A.2926
 Amount of Each Receipt this Period -5000.00
 Memo Item CONTRIBUTION
 REATTRIBUTION TO SPOUSE

C. KLOTZ, VICTOR, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 N RD 3
 City HOLCOMB State KS Zip Code 67851-9176
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KLOTZ SAND CO, INC. Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **02 / 17 / 2018**
Transaction ID : SA11A.2924
 Amount of Each Receipt this Period 5000.00
 Memo Item CONTRIBUTION
 REATTRIBUTION FROM SPOUSE

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 10000.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 8 OF 24 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Team Marshall

A. KLOTZ, CHRISTIE, KAYE, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 86
 City HOLCOMB State KS Zip Code 67851-0086
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KLOTZ SAND CO., INC. Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 7500.00

Date of Receipt 02 / 24 / 2018
Transaction ID : SA11A.2934
 Amount of Each Receipt this Period 2500.00
 Memo Item
 CONTRIBUTION

B. MATZ, MARSHALL L., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 NW NEW HAMPSHIRE AVE SUITE 500
 City WASHINGTON State DC Zip Code 20037-2443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OFW LAW Occupation (for Individual) PRINCIPAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 29 / 2018
Transaction ID : SA11A.3017
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. MCCARTHY, JAMES, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 NEWBOLD CT
 City BETHESDA State MD Zip Code 20817-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NORTH AMERICAN MILLERS ASSOCIATION Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 16 / 2018
Transaction ID : SA11A.2977
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 3250.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 9 OF 24 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Team Marshall

A. NELSON, RON, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3322 LINCOLN DR
 City HAYS State KS Zip Code 67601-1577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DOWNING NELSON OIL CO., INC. Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 7500.00

Date of Receipt **02 / 21 / 2018**
Transaction ID : SA11A.2932
 Amount of Each Receipt this Period 7500.00
 Memo Item
 CONTRIBUTION

B. ORR, JAMES, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4311 OTTER
 City CASPER State WY Zip Code 82604-4401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TP&L LLC Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 12 / 2018**
Transaction ID : SA11A.2961
 Amount of Each Receipt this Period 5000.00
 Memo Item
 CONTRIBUTION

C. RUSSELL, RANDALL, M., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 940 SWINKS MILL RD
 City MCLEAN State VA Zip Code 22102-2127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) THE RUSSELL GROUP Occupation (for Individual) GOVERNMENT RELATIONS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **03 / 16 / 2018**
Transaction ID : SA11A.2978
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 13500.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Team Marshall

A. TASSET, DANIEL, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14557 SHERWOOD RD.
 City LEAWOOD State KS Zip Code 66224-9807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NUETERRA Occupation (for Individual) CEO/CHAIRMAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 28 / 2018
Transaction ID : SA11A.2941
 Amount of Each Receipt this Period 10000.00
 Memo Item CONTRIBUTION
 SEE REATTRIBUTION

B. MOORE, KAREN, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14557 SHERWOOD RD.
 City LEAWOOD State KS Zip Code 66224-9807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NUETERRA Occupation (for Individual) EXECUTIVE ASSISTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 28 / 2018
Transaction ID : SA11A.2953
 Amount of Each Receipt this Period 5000.00
 Memo Item CONTRIBUTION
 REATTRIBUTION FROM SPOUSE

C. TASSET, DANIEL, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14557 SHERWOOD RD.
 City LEAWOOD State KS Zip Code 66224-9807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NUETERRA Occupation (for Individual) CEO/CHAIRMAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 28 / 2018
Transaction ID : SA11A.2954
 Amount of Each Receipt this Period - 5000.00
 Memo Item CONTRIBUTION
 REATTRIBUTION TO SPOUSE

SUBTOTAL of Receipts This Page (optional).....▶ 10000.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 11 OF 24 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Team Marshall

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. TORLUEMKE, JEFF, , ,

Mailing Address P.O. BOX 474

City HOXIE State KS Zip Code 67740-0474

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF Occupation (for Individual) FARMER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
03 / 09 / 2018

Transaction ID : SA11A.2960

Amount of Each Receipt this Period
10000.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. TORREY, MICHAEL, K., ,

Mailing Address 1514 NORTH FILLMORE ST

City ARLINGTON State VA Zip Code 22201-3910

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MICHAEL TORREY ASSOCIATES LLC Occupation (for Individual) GOVERNMENT RELATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
03 / 16 / 2018

Transaction ID : SA11A.2973

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. VANDERGRGRIEND, DAVID, J., ,

Mailing Address 2729 WILD ROSE ST

City WICHITA State KS Zip Code 67205-1607

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ICM Occupation (for Individual) MANAGEMENT

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
03 / 30 / 2018

Transaction ID : SA11A.3023

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 12000.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 OF 24 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Team Marshall

A. FRY EYE SURGERY CENTER LLC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address N CAMPUS BLVD

City JACKSONVILLE State FL Zip Code 32218-

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
03 / 29 / 2018
Transaction ID : SA11A.3020

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW

B. CLIFFORD, WILLIAM, S., DR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 102 DRURY LN

City GARDEN CITY State KS Zip Code 67846-9671

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
FRY EYE ASSOCIATES OPTHAMOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
03 / 29 / 2018
Transaction ID : SA11A.3022

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

PARTNERSHIP ATTRIBUTION

C. FRY, ERIC, , DR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 1661

City DODGE CITY State KS Zip Code 67801-1661

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
FRY EYE ASSOCIATES LLC OPTHAMOLOGIST

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
03 / 29 / 2018
Transaction ID : SA11A.3021

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

PARTNERSHIP ATTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 5000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 OF 24 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Team Marshall

A. PRAIRIE VALLEY FEEDERS, LLC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO BOX 38

| | | |
|---------------------|-------------|------------------------|
| City LONG ISLAND | State KS | Zip Code 67647-0038 |
|---------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30000.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2018
Transaction ID : SA11A.2918

Amount of Each Receipt this Period
30000.00

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW

B. NELSON, TERRY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1304 W FOX RD
PO BOX 38

| | | |
|----------------------|-------------|--------------------|
| City PRAIRIE VIEW | State KS | Zip Code 67647- |
|----------------------|-------------|--------------------|

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
NELSON FARMS FARMER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30000.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2018
Transaction ID : SA11A.2933

Amount of Each Receipt this Period
30000.00

Memo Item
CONTRIBUTION

PARTNERSHIP ATTRIBUTION

C. SPORER FARMS LLC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO BOX 230

| | | |
|----------------|-------------|------------------------|
| City OAKLEY | State KS | Zip Code 67748-0230 |
|----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
MM / DD / YYYY
02 / 13 / 2018
Transaction ID : SA11A.2920

Amount of Each Receipt this Period
10000.00

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 40000.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 24
(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
Team Marshall

A. SPORER, LORI, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 230

City OAKLEY State KS Zip Code 67748-0230

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF Occupation (for Individual) CONSTRUCTION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 13 / 2018
Transaction ID : SA11A.2935

Amount of Each Receipt this Period 5000.00

Memo Item CONTRIBUTION

PARTNERSHIP ATTRIBUTION

B. SPORER, TROY, MICHEAL, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 380 HWY 83

City OAKLEY State KS Zip Code 67748-8938

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SPORER LAND DEVELOPMENT Occupation (for Individual) VICE PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 13 / 2018
Transaction ID : SA11A.2936

Amount of Each Receipt this Period 5000.00

Memo Item CONTRIBUTION

PARTNERSHIP ATTRIBUTION

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

| | |
|--|-----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 0.00 |
| TOTAL This Period (last page this line number only).....▶ | 103750.00 |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|---|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 15 OF 24 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Team Marshall

A. CROPLIFE AMERICA PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1156 15TH STREET NW SUITE 400

| | | |
|---|-------------|-------------------------------------|
| City WASHINGTON | State DC | Zip Code 20005-1752 |
| FEC ID number of contributing federal political committee. C C00248849 | | |
| Name of Employer (for Individual) | | Occupation (for Individual) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1500.00 |

Date of Receipt
MM / DD / YYYY
03 / 22 / 2018
Transaction ID : SA11C.3001

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION

B. KANSAS FARM BUREAU VOTERS ORG/ELECT FARM BUREAU FRIENDS FUND
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 2627 KFB PLAZA

| | | |
|---|-------------|-------------------------------------|
| City MANHATTAN | State KS | Zip Code 66503-8116 |
| FEC ID number of contributing federal political committee. C C00285783 | | |
| Name of Employer (for Individual) | | Occupation (for Individual) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1000.00 |

Date of Receipt
MM / DD / YYYY
03 / 16 / 2018
Transaction ID : SA11C.2975

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. MARATHON PETROLEUM CORPORATION EMPLOYEES POLITICAL ACTION CO
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 539 S. MAIN STREET

| | | |
|---|-------------|-------------------------------------|
| City FINDLAY | State OH | Zip Code 45840-3229 |
| FEC ID number of contributing federal political committee. C C00496307 | | |
| Name of Employer (for Individual) | | Occupation (for Individual) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date ▼ 2500.00 |

Date of Receipt
MM / DD / YYYY
03 / 29 / 2018
Transaction ID : SA11C.3016

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 5000.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|---|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 16 OF 24 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Team Marshall

A. MCGUIREWOODS FEDERAL PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address **GATEWAY PLAZA**
800 EAST CANAL STREET
City **RICHMOND** State **VA** Zip Code **23219-3956**
FEC ID number of contributing federal political committee. **C C00225342**
Name of Employer (for Individual) Occupation (for Individual)
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
1000.00

Date of Receipt
02 / 28 / 2018
Transaction ID : SA11C.2942
Amount of Each Receipt this Period
1000.00
 Memo Item
CONTRIBUTION

B. NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address **50 F STREET NW**
SUITE 900
City **WASHINGTON** State **DC** Zip Code **20001-1530**
FEC ID number of contributing federal political committee. **C C00002238**
Name of Employer (for Individual) Occupation (for Individual)
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
1000.00

Date of Receipt
03 / 16 / 2018
Transaction ID : SA11C.2974
Amount of Each Receipt this Period
1000.00
 Memo Item
CONTRIBUTION

C. NATIONAL PORK PRODUCERS COUNCIL PORK PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address **PO BOX 10383**
City **DES MOINES** State **IA** Zip Code **50306-0383**
FEC ID number of contributing federal political committee. **C C00201871**
Name of Employer (for Individual) Occupation (for Individual)
Receipt For:
 Primary General
 Other (specify)
Aggregate Year-to-Date ▼
6500.00

Date of Receipt
03 / 29 / 2018
Transaction ID : SA11C.3019
Amount of Each Receipt this Period
6500.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **8500.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 24
(check only one)

| | | | |
|------------------------------|------------------------------|---|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Team Marshall

A. NORTH AMERICAN MEAT INSTITUTE POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1150 CONNECTICUT AVENUE, NW
SUITE 1200

City WASHINGTON State DC Zip Code 20036-4126

FEC ID number of contributing federal political committee. **C** C00024281

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 16 / 2018

Transaction ID : SA11C.2976

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. OLSSON FRANK AND WEEDA P C FUND FOR AMERICAN VALUES PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 600 NEW HAMPSHIRE AVE. NW
SUITE 500

City WASHINGTON State DC Zip Code 20037-2443

FEC ID number of contributing federal political committee. **C** C00359687

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 29 / 2018

Transaction ID : SA11C.3015

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. SPACE EXPLORATION TECHNOLOGIES CORP PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1030 15TH STREET, NW
SUITE 220 E

City WASHINGTON State DC Zip Code 20005-1503

FEC ID number of contributing federal political committee. **C** C00411116

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 30 / 2018

Transaction ID : SA11C.3027

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Team Marshall

A. THE KROGER CO. PAC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1014 VINE STREET
 City CINCINNATI State OH Zip Code 45202-1141
 FEC ID number of contributing federal political committee. **C** C00059238
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2018
Transaction ID : SA11C.3018
 Amount of Each Receipt this Period
 1500.00
 Memo Item
CONTRIBUTION

B.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1500.00 |
| TOTAL This Period (last page this line number only).....▶ | 17500.00 |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Team Marshall

A. RUDY, MARILY, H., ,

Full Name (Last, First, Middle Initial)

Mailing Address 8317 PERSIMMON TREE RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement REIMBURSEMENT (SEE BELOW)

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 15 / 2018

FEC Identification Number: C

Transaction ID : SB21B.I2385

Amount of Each Disbursement this Period: 263.01

Memo Item

B. BALDUCCI'S

Full Name (Last, First, Middle Initial)

Mailing Address 9201 CORPORATE BLVD SUITE 340

City BETHESDA State MD Zip Code 20850

Purpose of Disbursement CATERING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 15 / 2018

FEC Identification Number: C

Transaction ID : SB21B.I2386

Amount of Each Disbursement this Period: 263.01

Memo Item

C. CMDI

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD

City VIENNA State VA Zip Code 22182

Purpose of Disbursement DATABSE SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 19 / 2018

FEC Identification Number: C

Transaction ID : SB21B.I2384

Amount of Each Disbursement this Period: 250.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

513.01

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Team Marshall

A. CMDI

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD

City VIENNA State VA Zip Code 22182

Purpose of Disbursement DATABASE SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 21 / 2018

FEC Identification Number: C

Transaction ID : SB21B.I2516

Amount of Each Disbursement this Period: 250.00

Memo Item

B. CMDI

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD

City VIENNA State VA Zip Code 22182

Purpose of Disbursement DATABASE SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 20 / 2018

FEC Identification Number: C

Transaction ID : SB21B.I2517

Amount of Each Disbursement this Period: 250.00

Memo Item

C. ELECTION CFO LLC

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 26141

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 27 / 2018

FEC Identification Number: C

Transaction ID : SB21B.I2398

Amount of Each Disbursement this Period: 250.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 750.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Team Marshall

A. GOLDEN BELT PRINTING II LLC

Full Name (Last, First, Middle Initial)
Mailing Address 1125 281 BYPASS

City GREAT BEND State KS Zip Code 67530

Purpose of Disbursement PRINTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
02 / 15 / 2018

FEC Identification Number: C

Transaction ID : SB21B.I2387

Amount of Each Disbursement this Period: 329.41

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 329.41

TOTAL This Period (last page this line number only)..... ▶ 1592.42

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input checked="" type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Team Marshall

A. KANSANS FOR MARSHALL

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 1588

City GREAT BEND State KS Zip Code 67530

Purpose of Disbursement
DISTRIBUTION OF NET PROCEEDS

Candidate Name
MARSHALL, ROGER, W, ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: KS District: 01

Date of Disbursement: 02 / 27 / 2018

FEC Identification Number: C00576173
Transaction ID : SB22.I2396
Amount of Each Disbursement this Period: 9429.75

Memo Item

B. KANSANS FOR MARSHALL

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 1588

City GREAT BEND State KS Zip Code 67530

Purpose of Disbursement
DISTRIBUTION OF NET PROCEEDS

Candidate Name
MARSHALL, ROGER, W, ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: KS District: 01

Date of Disbursement: 02 / 27 / 2018

FEC Identification Number: C00576173
Transaction ID : SB22.I2397
Amount of Each Disbursement this Period: 10007.08

Memo Item

C. KANSANS FOR MARSHALL

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 1588

City GREAT BEND State KS Zip Code 67530

Purpose of Disbursement
DISTRIBUTION OF NET PROCEEDS

Candidate Name
MARSHALL, ROGER, W, ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: KS District: 01

Date of Disbursement: 03 / 30 / 2018

FEC Identification Number: C00576173
Transaction ID : SB22.I2511
Amount of Each Disbursement this Period: 23677.73

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 43114.56

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input checked="" type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Team Marshall

Full Name (Last, First, Middle Initial)

A. KANSANS FOR MARSHALL

Mailing Address PO BOX 1588

City
GREAT BEND

State
KS

Zip Code
67530

Purpose of Disbursement
DISTRIBUTION OF NET PROCEEDS

Candidate Name

MARSHALL, ROGER, W, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: KS District: 01

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 3 | 0 | | 2 | 0 | 1 | 8 |

FEC Identification Number

C C00576173

Transaction ID : SB22.I2540

Amount of Each Disbursement this Period

13568.96

Memo Item

Full Name (Last, First, Middle Initial)

B. KANSAS LEADERSHIP PAC

Mailing Address PO BOX 26141

City
ALEXANDRIA

State
VA

Zip Code
22313

Purpose of Disbursement
RETURN OF ADVANCE (10/20/17)

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 2 | 1 | | 2 | 0 | 1 | 8 |

FEC Identification Number

C C00632323

Transaction ID : SB22.I2252

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KANSAS LEADERSHIP PAC

Mailing Address PO BOX 26141

City
ALEXANDRIA

State
VA

Zip Code
22313

Purpose of Disbursement
DISTRIBUTION OF NET PROCEEDS

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 2 | 7 | | 2 | 0 | 1 | 8 |

FEC Identification Number

C C00632323

Transaction ID : SB22.I2395

Amount of Each Disbursement this Period

16165.28

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

30734.24

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input checked="" type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Team Marshall

Full Name (Last, First, Middle Initial)

A. KANSAS LEADERSHIP PAC

Mailing Address PO BOX 26141

City
ALEXANDRIA

State
VA

Zip Code
22313

Purpose of Disbursement
DISTRIBUTION OF NET PROCEEDS

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 3 | 0 | | 2 | 0 | 1 | 8 |

FEC Identification Number

C C00632323

Transaction ID : SB22.I2513

Amount of Each Disbursement this Period

17166.58

Memo Item

Full Name (Last, First, Middle Initial)

B. NRCC

Mailing Address 320 FIRST STREET SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
DISTRIBUTION OF NET PROCEEDS

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 2 | 7 | | 2 | 0 | 1 | 8 |

FEC Identification Number

C C00075820

Transaction ID : SB22.I2399

Amount of Each Disbursement this Period

24055.48

Memo Item

Full Name (Last, First, Middle Initial)

C. NRCC

Mailing Address 320 FIRST STREET SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
DISTRIBUTION OF NET PROCEEDS

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 3 | 0 | | 2 | 0 | 1 | 8 |

FEC Identification Number

C C00075820

Transaction ID : SB22.I2514

Amount of Each Disbursement this Period

4836.73

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

46058.79

119907.59