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08/09/2024 08 : 52

STATEMENT	OF
ORGANIZATI	ON

FEC FORM 1	STATEMENT OF ORGANIZATION	Off	PAGE 1 / 8
1. NAME OF COMMITTEE (in full)	(Check if name Example:If ty is changed) over the line	ping, type 12FE4M5	
Kansas Democra	tic Party- Federal		
ADDRESS (number and street)	PO Box 1914		
(Check if address is changed)			
	Topeka └ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │	KS6660 STATE ▲	01
COMMITTEE'S E-MAIL ADDI	RESS		
(Check if address is changed)	info@kansasdems.org		
	Optional Second E-Mail Address info@rogerthatcompliance.com		
COMMITTEE'S WEB PAGE A (Check if address is changed)	ADDRESS (URL)		
2. DATE 08	09 / Y Y Y Y 2024		
3. FEC IDENTIFICATION	NUMBER ► C C00019380		
4. IS THIS STATEMENT	NEW (N) OR × AM	ENDED (A)	
I certify that I have examined	this Statement and to the best of my knowledg	e and belief it is true, correct and	complete.
Type or Print Name of Treasu	Irer Hiatt, Vicki, , ,		
Signature of Treasurer Hi	att, Vicki, , ,	Date 08	D D / Y Y Y Y 09 2024
NOTE: Submission of false, err	oneous, or incomplete information may subject the p ANY CHANGE IN INFORMATION SHOULD B		penalties of 52 U.S.C. §30109
Office Use Only	Federal E	800-424-9530	FEC FORM 1 (Revised 06/2012)

FEC Form 1 (Revised 03/2022)	Page 2
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. (Com information below.)	nplete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate Preside	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of Candidate	
(d) NZ This committee is a STA DEM	emocratic, publican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its c	connected 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 se 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.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (H	lybrid PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

(i) 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.
 (j) 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
 2.

-

FEC Form 1 (Revised 02/2009)	Page 3
Write or Type Committee Name	
Kansas Democratic Party- Federal	

-	Name of Any Connected Or	ganization,	Affil	iate	d C	com	mit	tee,	Jo	oint	Fu	ndra	aisi	ng	Re	pre	ser	ntat	ive	, o	r Lo	ead	lers	ship	PA	C 5	Spo	nso	r
	KS State Party Victor	y Fund																											
	Mailing Address	430 South 0	Capit	ol St	ree	t SE																							
		Washingtor	ו 																			2000	03			-[
						СІТ	Υ										STA	٩ΤΕ						ZIF	o co	DD	E 🔺		
	Relationship: Connected	Organization		Affi	iate	d O	rgar	nizat	ion	2	×	Joir	nt F	undı	raisi	ing	Re	pre	sen	tativ	/e	I		Lead	dersl	nip	PAC) Sp	or

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

S	chuman, Blair, , ,			
Full Name				
Mailing Address	PO Box 1914			
	⊺opeka		KS	66601
		CITY 🔺	STATE 🔺	ZIP CODE
Title or Position ▼				
Compliance Director			Telephone number	

Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of 8. any designated agent (e.g., assistant treasurer).

Full Name	Hiatt, Vicki, , ,
of Treasurer	
Mailing Address	PO Box 1914
	Topeka KS 66601
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	7
Treasurer	Telephone number 785 234 0425

FEC Form 1 (Revised 02	/20	09))																		I	Page	e 4	۱		_
Full Name of Designated Agent	1																								1	
Mailing Address																										
						Cľ	TΥ								STA	λΤΕ				ZI	ΡC)E			
Title or Position ▼																										
										Tel	eph	one	e n	umł	ber				- [_					<u> </u>		

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.

	Amalgamated Bank		
Mailing Address	275 Seventh Ave		
	New York	NY 1000	1
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, [
Mailing Address			
	CITY 🔺	STATE ▲	ZIP CODE

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1.			FEC ID number	С		
2.			FEC ID number	С		
3.			FEC ID number	С		
4.			FEC ID number	С		
•••••••••••••••••••••••••••••••••••••••						
me of Any Connected	Organization, Affiliated Committe	e, Joint Fundrai	sing Representativ	ve, or Lead	ership PAC	Sponso
Democratic Grassroot	s Victory Fund					
Mailing Address	430 South Capitol Street SE					
	Washington			2000	03	1 1
Relationship:	CITY A		STATE		ZIP CODE	E 🔺
Connected			STATE ▲ undraising Represen		ZIP CODE	
Connected	CITY A Organization					
Connected	CITY A Organization					
Connected	CITY ▲ Organization Affiliated Comm					
Connected	CITY ▲ Organization Affiliated Comm					
Connected	CITY A					AC Spo
Connected	CITY A	r – optional)	undraising Represen		Leadership P	AC Spo

(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	С
2.			FEC ID number	С
3.			FEC ID number	С
4.			FEC ID number	С
Name	of Any Connected O	rganization, Affiliated Committee, Joint Fundrai	sing Poprosontativ	a or Loadorshin PAC Sponsor
	arice Davids Victory			
	Mailing Address	13851 W 63rd St		
		#303		
		Shawnee	KS	66216
	Relationship:		STATE A	ZIP CODE A
	Ill Name	by name, address (phone number – optional)		
Fu	III Name			
Ma	ailing Address			
		L		
Т		CITY A	STATE A	ZIP CODE
L			1	- -
			phone Number	
		Ieie	phone Number	
		es: List all banks or other depositories in which th		ts funds, holds accounts, rents
safety	deposit boxes or main	es: List all banks or other depositories in which th		is funds, holds accounts, rents
safety Name		es: List all banks or other depositories in which th		ts funds, holds accounts, rents
safety Name	deposit boxes or main of Bank,	es: List all banks or other depositories in which th		ts funds, holds accounts, rents
safety Name	of Bank, sitory, etc.	es: List all banks or other depositories in which th		ts funds, holds accounts, rents
safety Name	of Bank, sitory, etc.	es: List all banks or other depositories in which th		ts funds, holds accounts, rents

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5(g) or	(h). Joint Fundraising	Participant:			
	1.			0 number	С
	2.) number	С
	3.) number	С
	4.			0 number	С
6. N	Name of Any Connected (Drganization, Affiliated Committee, Joint Fu	undraising Rep	oresentative	, or Leadership PAC Sponsor
	Campaign Everywhere	-			
	Mailing Address	PO Box 5461			
		Oklahoma City	1	ОК	73154
	Relationship:	CITY A		STATE	ZIP CODE A
	Connected	Organization Affiliated Committee X	Joint Fundraising	g Representa	tive Leadership PAC Sponsor
_					
	Designated Agent: Identify	by name, address (phone number - optiona))		
		by name, address (phone number – optiona))		
 8. D	Full Name	by name, address (phone number - optiona))		
- 8. D	Full Name	by name, address (phone number - optiona			
- 8. D	Full Name			└	
 8. D	Full Name				
 8. D	Full Name				
9. E	Full Name			umber	
9. E s	Full Name Mailing Address			umber	
9. E s	Full Name Mailing Address TITLE OR POSITION ^ Banks or Other Depositori afety deposit boxes or main Jame of Bank,			umber	
9. E s	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositori afety deposit boxes or main Jame of Bank, Depository, etc.			umber	
9. E s	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositori afety deposit boxes or main Jame of Bank, Depository, etc.			umber	

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5(g) or (h)	Joint Fundraising	Participant:				
	1.			FEC	D ID number	C
	2.			FEC	D ID number	С
	3.			FEC	D number	С
	4.			FEC	C ID number	С
6. Na r	me of Any Connected (Organization, Affiliate	d Committee, Joint F	undraising	Representative	e, or Leadership PAC Sponsor
ŀ	Harris Victory Fund					
	Mailing Address	430 S Capitol St SE				
		Washington				20003
	Relationship:				STATE A	
					sing Representa	ative Leadership PAC Sponsor
8. Des	signated Agent: Identify	by name, address (pr	ione number – optiona	1)		
	Full Name	by name, address (pr		al)		
				⊥ 		
	Full Name			u) 		
	Full Name					
	Full Name		CITY			
	Full Name			1) Telephone		· · · · · · · · · · · · · · · · · · ·
9. Bar safe Nan	Full Name		CITY ▲	Telephone	e Number	