

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

MANN FOR CONGRESS

ADDRESS (number and street)

PO BOX 1084

Check if different than previously reported. (ACC)

SALINA

KS

67402-1084

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00460659

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

KS

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M / D D / Y Y Y Y

/

/

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

/

/

in the State of

5. Covering Period

M M / D D / Y Y Y Y

07 / 01 / 2019

through

M M / D D / Y Y Y Y

09 / 30 / 2019

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

KNOPF, JUSTIN, J.,

Type or Print Name of Treasurer

Signature of Treasurer

KNOPF, JUSTIN, J.,

[Electronically Filed]

Date

M M / D D / Y Y Y Y

10 / 15 / 2019

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

Office Use Only

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
MANN FOR CONGRESS

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

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e)).... | 256272.00 | 256272.00 |
| (b) Total Contribution Refunds (from Line 20(d)) | 0.00 | 0.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 256272.00 | 256272.00 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 2968.15 | 2968.15 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 0.00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 2968.15 | 2968.15 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 253503.85 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 148609.10 | |

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

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

MANN FOR CONGRESS

Report Covering the Period: From: M M / D D / Y Y Y Y
07 / 01 / 2019 To: M M / D D / Y Y Y Y
09 / 30 / 2019

| I. RECEIPTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|---------------------------------------|--|
| 11. CONTRIBUTIONS (other than loans) FROM: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 249600.00 | 249600.00 |
| (ii) Unitemized..... | 5672.00 | 5672.00 |
| (iii) TOTAL of contributions from individuals ▶ | 255272.00 | 255272.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 1000.00 | 1000.00 |
| (d) The Candidate..... | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 256272.00 | 256272.00 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | 200.00 | 200.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 200.00 | 200.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) | 0.00 | 0.00 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 256472.00 | 256472.00 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 2968.15 | 2968.15 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of All Other Loans | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 0.00 |
| 20. 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 20(a), (b), and (c))..... | 0.00 | 0.00 |
| 21. OTHER DISBURSEMENTS | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 2968.15 | 2968.15 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 0.00 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 256472.00 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 256472.00 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 2968.15 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 253503.85 |

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

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

FOR LINE NUMBER: PAGE 5 OF 156
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KENSINGER, ELISABETH, A., ,
 Mailing Address 3205 SW 33RD CT.
 City TOPEKA State KS Zip Code 66614-2605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HOMEMAKER Occupation HOMEMAKER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : A929D982C929A46D1966
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
WEIGAND JR., NESTOR, , ,
 Mailing Address 150 N MARKET ST
 City WICHITA State KS Zip Code 67202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer J.P. WEIGAND AND SONS, INC. Occupation CHAIRMAN AND CEO
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 20 / 2019
Transaction ID : ACE96157A3A14468180F
 Amount of Each Receipt this Period
 1500.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
MICHAELIS, MIKE, , ,
 Mailing Address 1531 FOLIAGE CT.
 City WICHITA State KS Zip Code 67206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EMPRISE BANK Occupation PRESIDENT AND CEO
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2019
Transaction ID : A77D7897F217E47DAB47
 Amount of Each Receipt this Period
 2000.00
 Memo Item

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

4500.00

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

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

FOR LINE NUMBER: PAGE 6 OF 156
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BERKLEY, KENT, , ,
 Mailing Address 837 A FAIRDALE RD.
 City SALINA State KS Zip Code 67401-8423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer THE BENNINGTON STATE BANK Occupation CHAIRMAN
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2019
Transaction ID : A974B2F4DAA5446128B7
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
BUCKMAN, BERNIE, , ,
 Mailing Address 1604 LAKE KNOLL DR.
 City LAKE ST. LOUIS State MO Zip Code 63367
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BUCKMAN WIRE AND CABLE Occupation OWNER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 20 / 2019
Transaction ID : A838D86D369FC4605B22
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
FLOYD, CLINT, , ,
 Mailing Address P.O. BOX 540
 City JOHNSON State KS Zip Code 67855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FLOYD LAW OFFICE LLC Occupation ATTORNEY
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2019
Transaction ID : A066F83E1D49245808C4
 Amount of Each Receipt this Period
 250.00
 Memo Item

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

1000.00

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

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

FOR LINE NUMBER: PAGE 7 OF 156
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AWERKAMP, LOUISE, A., ,

Mailing Address PO BOX 62

City SAINT MARYS State KS Zip Code 66536-0062

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

Name of Employer THE ONYX COLLECTION Occupation OWNER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2019

Transaction ID : **AE44D97F317DC4E9D8FA**

Amount of Each Receipt this Period
 2800.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AWERKAMP, INGER, , ,

Mailing Address 812 LOCUST ST

City SAINT MARYS State KS Zip Code 66536-1835

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2019

Transaction ID : **A0C62850474E74E408D9**

Amount of Each Receipt this Period
 2800.00

Memo Item

C. Full Name (Last, First, Middle Initial)
BEATTY, MIKE, , ,

Mailing Address 121 OVERHILL RD.

City SALINA State KS Zip Code 67401

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 13 / 2019

Transaction ID : **A1270F68343C0413B901**

Amount of Each Receipt this Period
 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 6100.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 156
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AWERKAMP, ROBERT, J., ,

Mailing Address 807 W CLAY ST

City SAINT MARYS State KS Zip Code 66536-1842

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

Name of Employer THE ONYX COLLECTION Occupation MANUFACTURING

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2019

Transaction ID : **A1C73FF884DAA4A8284E**

Amount of Each Receipt this Period
 2800.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AWERKAMP, FRANCIS, , ,

Mailing Address 807 LINN ST

City SAINT MARYS State KS Zip Code 66536-1830

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

Name of Employer THE ONYX COLLECTION Occupation OWNER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2019

Transaction ID : **A37B5B725D42A4914AFA**

Amount of Each Receipt this Period
 2800.00

Memo Item

C. Full Name (Last, First, Middle Initial)
POLIFKA, DAVE, , ,

Mailing Address 7024 CO RD P

City QUINTER State KS Zip Code 67752

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

Name of Employer SELF Occupation FARMER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2019

Transaction ID : **A54A9E8252C0042E0852**

Amount of Each Receipt this Period
 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 5850.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 156
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NELSON, RON, , ,

Mailing Address 111 W 10TH, PO BOX 1019

City HAYS State KS Zip Code 67601

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

Name of Employer DOWNING-NELSON OIL CO., INC. Occupation PRESIDENT

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 13 / 2019

Transaction ID : **A8CD0E571B4344394BB7**

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
STEWART, JUSTIN, , ,

Mailing Address 1345 CO. RD 82

City QUINTER State KS Zip Code 67752

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 26 / 2019

Transaction ID : **AE317B43720A24AD7801**

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
ARMSTRONG, JAY, , ,

Mailing Address 4528 BOURBON RD

City MUSCOTAH State KS Zip Code 66058

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

Name of Employer ARMSTRONG FARMS Occupation FARMER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 12 / 2019

Transaction ID : **A296B2E60FCFC471DACF**

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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

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

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

FOR LINE NUMBER: PAGE 10 OF 156
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AWERKAMP, ROBERT, , ,
Mailing Address 812 LOCUST ST

City SAINT MARYS State KS Zip Code 66536-1835

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

Name of Employer THE ONYX COLLECTION Occupation OWNER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2800.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2019

Transaction ID : **A592B336869CD4C5BB9C**

Amount of Each Receipt this Period
2800.00

Memo Item

B. Full Name (Last, First, Middle Initial)
HILL, JUSTIN, , ,
Mailing Address 735 BROADVIEW DR

City LAWRENCE State KS Zip Code 66044

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

Name of Employer LAWRENCE PAPER COMPANY Occupation PRESIDENT

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2019

Transaction ID : **A48613120AD0E471296D**

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
ZIMMER, DAVID, , ,
Mailing Address P.O. BOX 411299

City KANSAS CITY State MO Zip Code 64141

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

Name of Employer ZIMMER REAL ESTATE SERVICES Occupation COMMERCIAL REAL ESTATE

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 27 / 2019

Transaction ID : **A9509CA3DFBA14B51939**

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 4800.00

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

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

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

FOR LINE NUMBER: PAGE 11 OF 156
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NORWOOD, JIM, , ,

Mailing Address 21950 COUNTY ROAD P

City WESTON State MO Zip Code 64098

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 27 / 2019

Transaction ID : **A0506CC05537B466C81B**

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
SANDLIAN, COLBY, , ,

Mailing Address 435 N BROADWAY, STE 201

City WICHITA State KS Zip Code 67202

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

Name of Employer SANDLIAN REALTY Occupation REAL ESTATE INVESTOR

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2800.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 26 / 2019

Transaction ID : **AD4A8220EFE4F4375B71**

Amount of Each Receipt this Period
2800.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MANN, TARA JO, , ,

Mailing Address 2829 CRESTHAVEN DR

City GRAPEVINE State TX Zip Code 76051

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

Name of Employer CORE FELLOWSHIP Occupation ADMINISTRATIVE ASSISTANT

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2800.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 09 / 2019

Transaction ID : **A4417A554098B42E7846**

Amount of Each Receipt this Period
2800.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 5850.00

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

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

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

FOR LINE NUMBER: PAGE 12 OF 156
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WEBB, DAVID, , ,

Mailing Address 5201 BUENA VISTA ST.

City ROELAND PARK State KS Zip Code 66205-2323

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

Name of Employer CANDLESTICK MANAGEMENT Occupation REAL ESTATE BROKER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2019

Transaction ID : ABA1A519F6FE14B94889

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
BRYAN, TIMOTHY, J., ,

Mailing Address 310 W. PALMER STREET

City SAINT MARYS State KS Zip Code 66536-1624

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

Name of Employer STUDENT Occupation STUDENT

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2019

Transaction ID : A2FB52CC368C648F2A0C

Amount of Each Receipt this Period
 2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MICHAELIS, MATTHEW, A., ,

Mailing Address 1002 N LINDEN CIR

City WICHITA State KS Zip Code 67206-4001

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

Name of Employer EMPRISE BANK Occupation CHAIRMAN AND CEO

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2019

Transaction ID : A3E245EAF01684639BAC

Amount of Each Receipt this Period
 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 4000.00

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

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

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

FOR LINE NUMBER: (check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HOLTHUS, JOHN, , ,
 Mailing Address 1020 N. MAIN
 City MCPHERSON State KS Zip Code 67460
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FOUR SEASONS REALTORS Occupation OWNER/BROKER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2019
Transaction ID : ADF0B0B2DC7E641C5B54
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
BAUER, KYLE, , ,
 Mailing Address 2211 STARDUST DRIVE
 City CLAY CENTER State KS Zip Code 67432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TAYLOR COMMUNICATIONS INC. Occupation PRESIDENT
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2019
Transaction ID : A01BC5A87B5324AE08E7
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
MURFIN, DAVID, L., ,
 Mailing Address 900 N LINDEN STREET
 City WICHITA State KS Zip Code 67206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MURFIN DRILLING COMPANY, INC. Occupation CEO
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : AFADC398388D34745BC7
 Amount of Each Receipt this Period
 1000.00
 Memo Item

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

2500.00

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

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

FOR LINE NUMBER: (check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MCKNIGHT, TRENTON, R., ,

Mailing Address PO BOX 123

City THROCKMORTON State TX Zip Code 76483-0123

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

Name of Employer SELF Occupation AGRICULTURE

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2019

Transaction ID : **A4DF1A34316E44C0E8D9**

Amount of Each Receipt this Period
 2800.00

Memo Item

B. Full Name (Last, First, Middle Initial)
BICKLE, DON, , ,

Mailing Address 3511 FAIRWAY DR # B

City HAYS State KS Zip Code 67601-1546

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

Name of Employer FEDERATED AUTO PARTS WAREHOUSE Occupation CHAIRMAN

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2019

Transaction ID : **A58859306F5874815A42**

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
BRIGGS, WILLIAM, , ,

Mailing Address 810 COUNTY ROAD 50

City GOVE State KS Zip Code 67736

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

Name of Employer SELF-EMPLOYED Occupation FARMER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2019

Transaction ID : **AF45D679AD7BC424F9C7**

Amount of Each Receipt this Period
 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 4050.00

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

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

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

FOR LINE NUMBER: PAGE 15 OF 156
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
OSTERINK, BRUCE, , ,
 Mailing Address 226 BENJAMIN AVE SE
 City GRAND RAPIDS State MI Zip Code 49506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2019
Transaction ID : A776A1EFD4E234C4CB1B
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
AWERKAMP, SHANNON, , ,
 Mailing Address 807 LINN ST
 City SAINT MARYS State KS Zip Code 66536-1830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HOMEMAKER Occupation HOMEMAKER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : A0151F99E390E4F5D864
 Amount of Each Receipt this Period
 2800.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
MCVICKER, EARL, , ,
 Mailing Address 2900 LUCILLE
 City HUTCHINSON State KS Zip Code 67502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CENTRAL BANK & TRUST Occupation BANKER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2019
Transaction ID : A2FBC254F88DE4A3AADC
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 3550.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 16 OF 156
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NICHOLAS, WENDELL, , ,

Mailing Address 9616 S. BIG BOW GRADE

City JOHNSON State KS Zip Code 67855-9034

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

Name of Employer SELF Occupation FARMER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 30 2019

Transaction ID : **AD1AB98534A32403D812**

Amount of Each Receipt this Period
300.00

Memo Item

B. Full Name (Last, First, Middle Initial)
ADAMS, JOHN, , ,

Mailing Address 32036 5 RD

City PLAINS State KS Zip Code 67869

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

Name of Employer SELF-EMPLOYED Occupation LIVESTOCK

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 27 2019

Transaction ID : **A026A2AAEFB2E4B088CE**

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
KNIGHT, KENNETH, , ,

Mailing Address 1925 AVENUE M

City LYONS State KS Zip Code 67554-8833

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

Name of Employer KNIGHT FARMS Occupation PRESIDENT

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 26 2019

Transaction ID : **A95D87F528BC0410E90A**

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

1800.00

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

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

FOR LINE NUMBER: PAGE 17 OF 156
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LACKAMP, DON, , ,

Mailing Address 103 E PINE MEADOW COURT

City ANDOVER State KS Zip Code 67002

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2019

Transaction ID : **AC86211FD75BD4F59A72**

Amount of Each Receipt this Period
 _____ 500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
CLOUD, STEPHEN, R., MR.,

Mailing Address 8820 VISTA DR

City LENEXA State KS Zip Code 66220

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

Name of Employer IBT, INC. Occupation COB

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2019

Transaction ID : **A0AF1F80B6EF540358E4**

Amount of Each Receipt this Period
 _____ 2800.00

Memo Item

C. Full Name (Last, First, Middle Initial)
HOWARD, KENNETH, , ,

Mailing Address 5129 BUENA VISTA STREET

City ROELAND PARK State KS Zip Code 66205

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

Name of Employer SELF Occupation COUNSELOR

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2019

Transaction ID : **A9EEE481B679F417FA10**

Amount of Each Receipt this Period
 _____ 500.00

Memo Item

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

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

_____ 3800.00

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

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

FOR LINE NUMBER: PAGE 18 OF 156
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
OLSEN, LINDSAY, , ,

Mailing Address 5200 WEST 94TH TERRACE

City PRAIRIE VILLAGE State KS Zip Code 66207

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

Name of Employer MORTGAGE INVESTMENT TRUST CORPORATION Occupation PRESIDENT

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2019

Transaction ID : **A7F491F974DD54F289B3**

Amount of Each Receipt this Period
1000.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WIN RED

B. Full Name (Last, First, Middle Initial)
WIN RED

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
47697.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2019

Transaction ID : **A63D0C309073C446DA8D**

Amount of Each Receipt this Period
1000.00

Memo Item
INTERMEDIARY
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

C. Full Name (Last, First, Middle Initial)
DINGS, MARK, , ,

Mailing Address PO BOX 3849

City APACHE JUNCTION State AZ Zip Code 85117

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2019

Transaction ID : **A59B3F40C0B58491BB8A**

Amount of Each Receipt this Period
2800.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WIN RED

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

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

3800.00

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

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

FOR LINE NUMBER: PAGE 19 OF 156
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WIN RED
 Mailing Address PO BOX 9891
 City ARLINGTON State VA Zip Code 22219-1891
 FEC ID number of contributing federal political committee. **C** C00694323
 Name of Employer Occupation
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 47697.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2019
Transaction ID : A408028684B6B450291B
 Amount of Each Receipt this Period
 2800.00
 Memo Item
 INTERMEDIARY
 TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

B. Full Name (Last, First, Middle Initial)
WINGER, MELVIN, , ,
 Mailing Address 5250 N ROAD H
 City JOHNSON State KS Zip Code 67855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF-EMPLOYED FARMER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2019
Transaction ID : AE927FFB797A741188C7
 Amount of Each Receipt this Period
 11200.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
WINGER, MELVIN, , ,
 Mailing Address 5250 N ROAD H
 City JOHNSON State KS Zip Code 67855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF-EMPLOYED FARMER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2019
Transaction ID : A34166D37EA5D4AB5885
 Amount of Each Receipt this Period
 - 2800.00
 Memo Item
 REDESIGNATION FROM

SUBTOTAL of Receipts This Page (optional) ▶ 11200.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 20 OF 156
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WINGER, MELVIN, , ,
 Mailing Address 5250 N ROAD H
 City JOHNSON State KS Zip Code 67855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation FARMER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2019
Transaction ID : A9C0A384FB728499AB1C
 Amount of Each Receipt this Period
 2800.00
 Memo Item
 REDESIGNATION TO

B. Full Name (Last, First, Middle Initial)
WINGER, MELVIN, , ,
 Mailing Address 5250 N ROAD H
 City JOHNSON State KS Zip Code 67855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation FARMER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2019
Transaction ID : ADA68304EE4834F9E889
 Amount of Each Receipt this Period
 - 2800.00
 Memo Item
 REATTRIBUTION FROM

C. Full Name (Last, First, Middle Initial)
WINGER, MELVIN, , ,
 Mailing Address 5250 N ROAD H
 City JOHNSON State KS Zip Code 67855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation FARMER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2019
Transaction ID : A2CE8E3928DEA4DF6992
 Amount of Each Receipt this Period
 - 2800.00
 Memo Item
 REATTRIBUTION FROM

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

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

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

FOR LINE NUMBER: PAGE 21 OF 156
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WINGER, MONA, , ,
Mailing Address 5250 N ROAD H

City JOHNSON State KS Zip Code 67855

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

Name of Employer NONE Occupation HOUSEWIFE

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2019

Transaction ID : **AEA402020B6304E3FADF**

Amount of Each Receipt this Period
 2800.00

Memo Item
REATTRIBUTION TO

B. Full Name (Last, First, Middle Initial)
WINGER, MONA, , ,
Mailing Address 5250 N ROAD H

City JOHNSON State KS Zip Code 67855

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

Name of Employer NONE Occupation HOUSEWIFE

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2019

Transaction ID : **A7448F9BA96964FB6BC4**

Amount of Each Receipt this Period
 2800.00

Memo Item
REATTRIBUTION TO

C. Full Name (Last, First, Middle Initial)
MENDON, TODD, , ,
Mailing Address 7505 NALL AVE

City PRAIRIE VILLAGE State KS Zip Code 66208-4762

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

Name of Employer MENDON CONSULTING, LLC Occupation COMMERCIAL REAL ESTATE BROKER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2019

Transaction ID : **A371F715C0E4E4B44B91**

Amount of Each Receipt this Period
 500.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WIN RED

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00

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

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

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

FOR LINE NUMBER: PAGE 22 OF 156
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WIN RED

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
47697.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 25 / 2019

Transaction ID : A88AB42A6AA1445A187D

Amount of Each Receipt this Period
500.00

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.

B. Full Name (Last, First, Middle Initial)
ROTHWELL, THOMAS, , ,

Mailing Address 1807 HIDDEN SPRINGS PATH

City ROUND ROCK State TX Zip Code 78665-5023

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

Name of Employer Occupation
AMAZON SOFTWARE ENGINEER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 25 / 2019

Transaction ID : AF4072F0950D846D4B20

Amount of Each Receipt this Period
1000.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WIN RED

C. Full Name (Last, First, Middle Initial)
WIN RED

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
47697.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 25 / 2019

Transaction ID : AB84C14EBD7FC458881B

Amount of Each Receipt this Period
1000.00

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 23 OF 156
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
VAN COURT, PHILLIP, , ,

Mailing Address 2524 STONEPOST LANE

City SALINA State KS Zip Code 67401

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

Name of Employer SCOLAR Occupation MANAGER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 17 / 2019

Transaction ID : **ADD115068B7B94760957**

Amount of Each Receipt this Period
1000.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WIN RED

B. Full Name (Last, First, Middle Initial)
WIN RED

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
47697.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 17 / 2019

Transaction ID : **A653A3B0D22604E9F811**

Amount of Each Receipt this Period
1000.00

Memo Item
INTERMEDIARY
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

C. Full Name (Last, First, Middle Initial)
HARTMAN, WINK, , ,

Mailing Address 10500 E BERKELEY SQUARE PKWY

City WICHITA State KS Zip Code 67206-6815

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

Name of Employer HARTMAN OIL Occupation OWNER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 20 / 2019

Transaction ID : **A9404BC49E49D4622A80**

Amount of Each Receipt this Period
5600.00

Memo Item

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

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

6600.00

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

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

FOR LINE NUMBER: PAGE 24 OF 156
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HARTMAN, WINK, , ,
 Mailing Address 10500 E BERKELEY SQUARE PKWY
 City WICHITA State KS Zip Code 67206-6815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HARTMAN OIL Occupation OWNER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 20 / 2019
Transaction ID : AD03F08CC64674649AA0
 Amount of Each Receipt this Period
 - 2800.00
 Memo Item
 REDESIGNATION FROM

B. Full Name (Last, First, Middle Initial)
HARTMAN, WINK, , ,
 Mailing Address 10500 E BERKELEY SQUARE PKWY
 City WICHITA State KS Zip Code 67206-6815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HARTMAN OIL Occupation OWNER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 20 / 2019
Transaction ID : A25C243A49FF749D4A4F
 Amount of Each Receipt this Period
 2800.00
 Memo Item
 REDESIGNATION TO

C. Full Name (Last, First, Middle Initial)
FOOTE, MICHELLE, , ,
 Mailing Address PO BOX 416
 City HOXIE State KS Zip Code 67740-0416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation FARMING
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2019
Transaction ID : A6BD79FD8FA7B43969D1
 Amount of Each Receipt this Period
 2800.00
 Memo Item
 EARMARKED (NON-DIRECTED) THROUGH WIN RED

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

2800.00

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

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

FOR LINE NUMBER: PAGE 25 OF 156
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WIN RED

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
47697.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 29 / 2019

Transaction ID : **A2AC1F27C0B5745FFAE0**

Amount of Each Receipt this Period
2800.00

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.

B. Full Name (Last, First, Middle Initial)
NAIRN, WARD, , ,

Mailing Address PO BOX 101

City JOHNSON State KS Zip Code 67855

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

Name of Employer Occupation
GOLDEN RULE, INC. OWNER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 26 / 2019

Transaction ID : **A30B85CA1DF9544B8B09**

Amount of Each Receipt this Period
11200.00

Memo Item

C. Full Name (Last, First, Middle Initial)
NAIRN, WARD, , ,

Mailing Address PO BOX 101

City JOHNSON State KS Zip Code 67855

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

Name of Employer Occupation
GOLDEN RULE, INC. OWNER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 26 / 2019

Transaction ID : **AAB7793BCA7F740FE826**

Amount of Each Receipt this Period
- 2800.00

Memo Item
REDESIGNATION FROM

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 11200.00 |
| TOTAL This Period (last page this line number only)..... ▶ | |

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

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

FOR LINE NUMBER: PAGE 26 OF 156
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NAIRN, WARD, , ,
 Mailing Address PO BOX 101
 City JOHNSON State KS Zip Code 67855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GOLDEN RULE, INC. Occupation OWNER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2019
Transaction ID : A86A82051B1A845B686D
 Amount of Each Receipt this Period
 2800.00
 Memo Item
 REDESIGNATION TO

B. Full Name (Last, First, Middle Initial)
NAIRN, WARD, , ,
 Mailing Address PO BOX 101
 City JOHNSON State KS Zip Code 67855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GOLDEN RULE, INC. Occupation OWNER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2019
Transaction ID : A6F2F86CF319C48F0B20
 Amount of Each Receipt this Period
 - 2800.00
 Memo Item
 REATTRIBUTION FROM

C. Full Name (Last, First, Middle Initial)
NAIRN, WARD, , ,
 Mailing Address PO BOX 101
 City JOHNSON State KS Zip Code 67855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GOLDEN RULE, INC. Occupation OWNER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2019
Transaction ID : ACB065D6CAFE445F8849
 Amount of Each Receipt this Period
 - 2800.00
 Memo Item
 REATTRIBUTION FROM

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

| | | | |
|---|------------------------------|------------------------------|------------------------------|
| FOR LINE NUMBER: (check only one) | | PAGE 27 OF 156 | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 15 |

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)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NAIRN, RICKIE, , ,

Mailing Address PO BOX 268

| | | |
|-----------------|-------------|-------------------|
| City JOHNSON | State KS | Zip Code 67855 |
|-----------------|-------------|-------------------|

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

| | |
|-----------------------------------|--------------------------|
| Name of Employer SELF-EMPLOYED | Occupation BOOKKEEPER |
|-----------------------------------|--------------------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 26 / 2019

Transaction ID : A796E8D5EF23044D2BA1

Amount of Each Receipt this Period
2800.00

Memo Item
REATTRIBUTION TO

B. Full Name (Last, First, Middle Initial)
NAIRN, RICKIE, , ,

Mailing Address PO BOX 268

| | | |
|-----------------|-------------|-------------------|
| City JOHNSON | State KS | Zip Code 67855 |
|-----------------|-------------|-------------------|

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

| | |
|-----------------------------------|--------------------------|
| Name of Employer SELF-EMPLOYED | Occupation BOOKKEEPER |
|-----------------------------------|--------------------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 26 / 2019

Transaction ID : A3E09ED18561B4F40918

Amount of Each Receipt this Period
2800.00

Memo Item
REATTRIBUTION TO

C. Full Name (Last, First, Middle Initial)
BEACHNER, GARY, , ,

Mailing Address 901 WILLOWBROOK ROAD

| | | |
|-----------------|-------------|------------------------|
| City PARSONS | State KS | Zip Code 67357-3406 |
|-----------------|-------------|------------------------|

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

| | |
|--|---------------------------|
| Name of Employer BEACHNER COMPANIES | Occupation BUSINESSMAN |
|--|---------------------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 24 / 2019

Transaction ID : A91CC89B594D34E3F8FA

Amount of Each Receipt this Period
500.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WIN RED

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

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

500.00

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

| | | | | |
|---|---|-------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 28 OF 156 | |
| | <input checked="" type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WIN RED

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
47697.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 23 / 2019

Transaction ID : **A2AFF16DFF60D48D88D2**

Amount of Each Receipt this Period
500.00

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

B. Full Name (Last, First, Middle Initial)
BORCK, LEE, , ,

Mailing Address 1412 PENROSE PL

City MANHATTAN State KS Zip Code 66503-9813

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

Name of Employer Occupation
AMERICAN STATE BANK CHAIRMAN

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 28 / 2019

Transaction ID : **A832F3B59BFC9450F9B4**

Amount of Each Receipt this Period
5600.00

Memo Item

C. Full Name (Last, First, Middle Initial)
BORCK, LEE, , ,

Mailing Address 1412 PENROSE PL

City MANHATTAN State KS Zip Code 66503-9813

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

Name of Employer Occupation
AMERICAN STATE BANK CHAIRMAN

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 28 / 2019

Transaction ID : **A0F2D4A2011E64F78BB2**

Amount of Each Receipt this Period
- 2800.00

Memo Item
REDESIGNATION FROM

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 5600.00 |
| TOTAL This Period (last page this line number only)..... ▶ | |

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

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

FOR LINE NUMBER: PAGE 29 OF 156
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BORCK, LEE, , ,
 Mailing Address 1412 PENROSE PL
 City MANHATTAN State KS Zip Code 66503-9813
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMERICAN STATE BANK Occupation CHAIRMAN
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2019
Transaction ID : A2DFBA8E8A15649E88D0
 Amount of Each Receipt this Period
 2800.00
 Memo Item
 REDESIGNATION TO

B. Full Name (Last, First, Middle Initial)
HILL, BRUCE, , ,
 Mailing Address 5111 BROADWAY
 City SAN ANTONIO State TX Zip Code 78209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation INVESTOR
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 10 / 2019
Transaction ID : A1664C0A84CF64D9B867
 Amount of Each Receipt this Period
 500.00
 Memo Item
 EARMARKED (NON-DIRECTED) THROUGH WIN RED

C. Full Name (Last, First, Middle Initial)
WIN RED
 Mailing Address PO BOX 9891
 City ARLINGTON State VA Zip Code 22219-1891
 FEC ID number of contributing federal political committee. **C** C00694323
 Name of Employer Occupation
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 47697.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 10 / 2019
Transaction ID : A4B520B266EAB48EFB11
 Amount of Each Receipt this Period
 500.00
 Memo Item
 INTERMEDIARY
 TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

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

500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 OF 156
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DALKE, DELORES, , ,

Mailing Address 112 N WILSON ST

City Hillsboro State KS Zip Code 67063-1651

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

Name of Employer REAL ESTATE CENTER INC. Occupation BROKER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
09 / 18 / 2019

Transaction ID : **A29FDB33A6486414CAF4**

Amount of Each Receipt this Period
250.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WIN RED

B. Full Name (Last, First, Middle Initial)
WIN RED

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
47697.00

Date of Receipt
09 / 18 / 2019

Transaction ID : **A80235A5D35524008A1C**

Amount of Each Receipt this Period
250.00

Memo Item
INTERMEDIARY
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

C. Full Name (Last, First, Middle Initial)
STOVER, TODD, , ,

Mailing Address 2905 W. 71ST ST.

City PRAIRIE VILLAGE State KS Zip Code 66208

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

Name of Employer LOCKTON Occupation INSURANCE BROKER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
09 / 24 / 2019

Transaction ID : **A2A6D0D65BF2648C3B62**

Amount of Each Receipt this Period
500.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WIN RED

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 31 OF 156
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WIN RED

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
47697.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 25 / 2019

Transaction ID : A46313219F23D42F4822

Amount of Each Receipt this Period
500.00

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

B. Full Name (Last, First, Middle Initial)
VANIER, JOHN, , ,

Mailing Address 900 BARLOW DRIVE

City SALINA State KS Zip Code 67401

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

Name of Employer Occupation
INVESTMENTS/AGRICULTURE WESTERN STAR AG RESOURCES

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 20 / 2019

Transaction ID : A0666443CA33E4AD9A99

Amount of Each Receipt this Period
1000.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WIN RED

C. Full Name (Last, First, Middle Initial)
WIN RED

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
47697.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 20 / 2019

Transaction ID : A6B5605D50EC64B75963

Amount of Each Receipt this Period
1000.00

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

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

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

1000.00

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

| | | | | |
|---|---|-------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 32 OF 156 | |
| | <input checked="" type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MORRISON, EDGAR, , ,

Mailing Address 409 CANTERBURY HILL

| | | |
|---------------------|-------------|-------------------|
| City SAN ANTONIO | State TX | Zip Code 78209 |
|---------------------|-------------|-------------------|

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

| | |
|--|------------------------|
| Name of Employer JACKSON WALKER LLP | Occupation ATTORNEY |
|--|------------------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 09 / 2019

Transaction ID : A9B9DDB6AE35741B4924

Amount of Each Receipt this Period
250.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WIN RED

B. Full Name (Last, First, Middle Initial)
WIN RED

Mailing Address PO BOX 9891

| | | |
|-------------------|-------------|------------------------|
| City ARLINGTON | State VA | Zip Code 22219-1891 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00694323

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
47697.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 09 / 2019

Transaction ID : A128C4C077831495FA0F

Amount of Each Receipt this Period
250.00

Memo Item
INTERMEDIARY
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

C. Full Name (Last, First, Middle Initial)
SIMMONS, MCKITTRICK, , ,

Mailing Address 2879 RIVERMEADE DRIVE

| | | |
|-----------------|-------------|-------------------|
| City ATLANTA | State GA | Zip Code 30327 |
|-----------------|-------------|-------------------|

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

| | |
|---|--------------------------------------|
| Name of Employer SWEETWATER HOLDINGS CO. | Occupation COMMERCIAL REAL ESTATE |
|---|--------------------------------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 13 / 2019

Transaction ID : A2E27854674D24D7386E

Amount of Each Receipt this Period
250.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WIN RED

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 500.00 |
| TOTAL This Period (last page this line number only)..... ▶ | |

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

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

FOR LINE NUMBER: PAGE 33 OF 156
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WIN RED

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
47697.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 13 / 2019

Transaction ID : AFAC88E0D146040E2B96

Amount of Each Receipt this Period
250.00

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

B. Full Name (Last, First, Middle Initial)
MORRISON, ROGER, , ,

Mailing Address 210 GREENWAY ROAD

City SALINA State KS Zip Code 67401-3534

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

Name of Employer Occupation
MORRISON VENTURES BUSINESS MANAGER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2019

Transaction ID : A61530BFD19EE4588BB8

Amount of Each Receipt this Period
5600.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MORRISON, ROGER, , ,

Mailing Address 210 GREENWAY ROAD

City SALINA State KS Zip Code 67401-3534

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

Name of Employer Occupation
MORRISON VENTURES BUSINESS MANAGER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2019

Transaction ID : ADE1C1E86A97C4A5E879

Amount of Each Receipt this Period
- 2800.00

Memo Item
REATTRIBUTION FROM

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

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

5600.00

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

| | | | | |
|---|---|-------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 34 OF 156 | |
| | <input checked="" type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MORRISON, SISSY, , ,

Mailing Address 210 GREENWAY ROAD

| | | |
|----------------|-------------|------------------------|
| City SALINA | State KS | Zip Code 67401-3534 |
|----------------|-------------|------------------------|

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

| | |
|-------------------------------|-------------------------|
| Name of Employer HOMEMAKER | Occupation HOMEMAKER |
|-------------------------------|-------------------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2019

Transaction ID : ACB42E8DCDBE945CFB90

Amount of Each Receipt this Period
 _____ 2800.00

Memo Item
 REATTRIBUTION TO

B. Full Name (Last, First, Middle Initial)
CROSSLAND, IVAN, , ,

Mailing Address 19 NE 60TH ST

| | | |
|------------------|-------------|-------------------|
| City COLUMBUS | State KS | Zip Code 66725 |
|------------------|-------------|-------------------|

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

| | |
|--|-------------------|
| Name of Employer CROSSLAND CONSTRUCTION COMPANY | Occupation CEO |
|--|-------------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2019

Transaction ID : AE4283CF2207444298B5

Amount of Each Receipt this Period
 _____ 5600.00

Memo Item

C. Full Name (Last, First, Middle Initial)
CROSSLAND, IVAN, , ,

Mailing Address 19 NE 60TH ST

| | | |
|------------------|-------------|-------------------|
| City COLUMBUS | State KS | Zip Code 66725 |
|------------------|-------------|-------------------|

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

| | |
|--|-------------------|
| Name of Employer CROSSLAND CONSTRUCTION COMPANY | Occupation CEO |
|--|-------------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2019

Transaction ID : AB5C6649F0DAD4954ACC

Amount of Each Receipt this Period
 _____ - 2800.00

Memo Item
 REDESIGNATION FROM

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | _____ 5600.00 |
| TOTAL This Period (last page this line number only)..... ▶ | _____ |

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

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

FOR LINE NUMBER: PAGE 35 OF 156
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CROSSLAND, IVAN, , ,
Mailing Address 19 NE 60TH ST

City COLUMBUS State KS Zip Code 66725

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

Name of Employer CROSSLAND CONSTRUCTION COMPANY Occupation CEO

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2019

Transaction ID : **A90A8BE7EBC8F46A297E**

Amount of Each Receipt this Period
 2800.00

Memo Item
REDESIGNATION TO

B. Full Name (Last, First, Middle Initial)
NELSON, JULIA, J., ,
Mailing Address 1304 W FOX RD

City LONG ISLAND State KS Zip Code 67647

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

Name of Employer VALLEY FEED Occupation FARMER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2019

Transaction ID : **A171F46BDF8A64C29BAE**

Amount of Each Receipt this Period
 11200.00

Memo Item

C. Full Name (Last, First, Middle Initial)
NELSON, JULIA, J., ,
Mailing Address 1304 W FOX RD

City LONG ISLAND State KS Zip Code 67647

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

Name of Employer VALLEY FEED Occupation FARMER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2019

Transaction ID : **A11ADE3761B6B43E3A3D**

Amount of Each Receipt this Period
 - 2800.00

Memo Item
REDESIGNATION FROM

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

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

11200.00

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

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

FOR LINE NUMBER: PAGE 36 OF 156
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NELSON, JULIA, J., ,
Mailing Address 1304 W FOX RD

City: LONG ISLAND State: KS Zip Code: 67647

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

Name of Employer: VALLEY FEED Occupation: FARMER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5600.00

Date of Receipt: 09 / 30 / 2019
Transaction ID : **AFA24CE82D22E444C8DF**

Amount of Each Receipt this Period: 2800.00

Memo Item
REDESIGNATION TO

B. Full Name (Last, First, Middle Initial)
NELSON, JULIA, J., ,
Mailing Address 1304 W FOX RD

City: LONG ISLAND State: KS Zip Code: 67647

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

Name of Employer: VALLEY FEED Occupation: FARMER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5600.00

Date of Receipt: 09 / 30 / 2019
Transaction ID : **A26ADE96F09E14894A35**

Amount of Each Receipt this Period: - 2800.00

Memo Item
REATTRIBUTION FROM

C. Full Name (Last, First, Middle Initial)
NELSON, JULIA, J., ,
Mailing Address 1304 W FOX RD

City: LONG ISLAND State: KS Zip Code: 67647

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

Name of Employer: VALLEY FEED Occupation: FARMER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5600.00

Date of Receipt: 09 / 30 / 2019
Transaction ID : **A04094122E70F473D942**

Amount of Each Receipt this Period: - 2800.00

Memo Item
REATTRIBUTION FROM

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER: PAGE 37 OF 156
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NELSON, CLARKE, S., ,
Mailing Address 1304 W. FOX RD.

City: LONG ISLAND State: KS Zip Code: 67647

FEC ID number of contributing federal political committee: C

Name of Employer: SELF-EMPLOYED Occupation: FARMER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5600.00

Date of Receipt: 09 / 30 / 2019
Transaction ID : AF702C2EE7CC14B37978

Amount of Each Receipt this Period
2800.00

Memo Item
REATTRIBUTION TO

B. Full Name (Last, First, Middle Initial)
NELSON, CLARKE, S., ,
Mailing Address 1304 W. FOX RD.

City: LONG ISLAND State: KS Zip Code: 67647

FEC ID number of contributing federal political committee: C

Name of Employer: SELF-EMPLOYED Occupation: FARMER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5600.00

Date of Receipt: 09 / 30 / 2019
Transaction ID : AF89B4DF0F8EC47BB89C

Amount of Each Receipt this Period
2800.00

Memo Item
REATTRIBUTION TO

C. Full Name (Last, First, Middle Initial)
NELSON, TERRY, , ,
Mailing Address 1304 W FOX RD

City: LONG ISLAND State: KS Zip Code: 67647

FEC ID number of contributing federal political committee: C

Name of Employer: SELF-EMPLOYED Occupation: FARMER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5600.00

Date of Receipt: 09 / 30 / 2019
Transaction ID : AC1BD80847B124148B22

Amount of Each Receipt this Period
11200.00

Memo Item
RE-ATTRIBUTION REQUESTED

SUBTOTAL of Receipts This Page (optional) ▶ 11200.00

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

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

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

FOR LINE NUMBER: PAGE 38 OF 156
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NELSON, TERRY, , ,
 Mailing Address 1304 W FOX RD
 City LONG ISLAND State KS Zip Code 67647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation FARMER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : AEF558E1C69BB46C28B1
 Amount of Each Receipt this Period
 - 2800.00
 Memo Item
 REDESIGNATION FROM

B. Full Name (Last, First, Middle Initial)
NELSON, TERRY, , ,
 Mailing Address 1304 W FOX RD
 City LONG ISLAND State KS Zip Code 67647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation FARMER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : A1C203144DB3F48D5B17
 Amount of Each Receipt this Period
 2800.00
 Memo Item
 REDESIGNATION TO

C. Full Name (Last, First, Middle Initial)
NELSON, TERRY, , ,
 Mailing Address 1304 W FOX RD
 City LONG ISLAND State KS Zip Code 67647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation FARMER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : A8A197AE920234618A70
 Amount of Each Receipt this Period
 - 2800.00
 Memo Item
 REATTRIBUTION FROM

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

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

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

FOR LINE NUMBER: PAGE 39 OF 156
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NELSON, TERRY, , ,
 Mailing Address 1304 W FOX RD
 City LONG ISLAND State KS Zip Code 67647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation FARMER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : A942E88C4CB304644B3F
 Amount of Each Receipt this Period
 - 2800.00
 Memo Item
 REATTRIBUTION FROM

B. Full Name (Last, First, Middle Initial)
NELSON, MARCIA, , ,
 Mailing Address 1304 W FOX RD
 City LONG ISLAND State KS Zip Code 67647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HOMEMAKER Occupation HOMEMAKER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : AA5E90195B88F4A96A25
 Amount of Each Receipt this Period
 2800.00
 Memo Item
 REATTRIBUTION TO

C. Full Name (Last, First, Middle Initial)
NELSON, MARCIA, , ,
 Mailing Address 1304 W FOX RD
 City LONG ISLAND State KS Zip Code 67647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HOMEMAKER Occupation HOMEMAKER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : A5C62720E48F1477A993
 Amount of Each Receipt this Period
 2800.00
 Memo Item
 REATTRIBUTION TO

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

0.00

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

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

FOR LINE NUMBER: PAGE 40 OF 156
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BACCUS, STEVE, , ,

Mailing Address 707 N 3RD AVE

City MINNEAPOLIS State KS Zip Code 67467

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

Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2019

Transaction ID : **A3844C478B00C49F89E0**

Amount of Each Receipt this Period
500.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WIN RED

B. Full Name (Last, First, Middle Initial)
WIN RED

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
47697.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2019

Transaction ID : **ACD96EB767467440E9EA**

Amount of Each Receipt this Period
500.00

Memo Item
INTERMEDIARY
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

C. Full Name (Last, First, Middle Initial)
WRIGHT, MICHAEL, , DR.,

Mailing Address 2752 THUNDERBIRD CIR

City HAYS State KS Zip Code 67601

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

Name of Employer RAH Occupation PHYSICIAN

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2019

Transaction ID : **A1918E15102CC4D938CF**

Amount of Each Receipt this Period
250.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WIN RED

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 41 OF 156
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WIN RED

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
47697.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2019

Transaction ID : A95D800E5C0AF49A7A83

Amount of Each Receipt this Period
250.00

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

B. Full Name (Last, First, Middle Initial)
EGAN, MIKE, , ,

Mailing Address 4655 OSAGE BEACH PKWY

City OSAGE BEACH State MO Zip Code 65065-2663

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

Name of Employer Occupation
SELF-EMPLOYED SALES

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2019

Transaction ID : AEB6052A3CEA9485AA43

Amount of Each Receipt this Period
500.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WIN RED

C. Full Name (Last, First, Middle Initial)
WIN RED

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
47697.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2019

Transaction ID : AC8623669BD254FDAA05

Amount of Each Receipt this Period
500.00

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00

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

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

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

FOR LINE NUMBER: PAGE 42 OF 156
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FLOYD, DIANE, , ,

Mailing Address 6601 E. RD. 5

City JOHNSON State KS Zip Code 67855

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

Name of Employer SELF Occupation FARMER, BUSINESS

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5600.00

Date of Receipt
09 / 10 / 2019

Transaction ID : **A7FF1A500F0CD461A8FB**

Amount of Each Receipt this Period
5600.00

Memo Item

B. Full Name (Last, First, Middle Initial)
FLOYD, DIANE, , ,

Mailing Address 6601 E. RD. 5

City JOHNSON State KS Zip Code 67855

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

Name of Employer SELF Occupation FARMER, BUSINESS

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5600.00

Date of Receipt
09 / 20 / 2019

Transaction ID : **AE5FA5FDEEB6D41CB800**

Amount of Each Receipt this Period
- 2800.00

Memo Item
REDESIGNATION FROM

C. Full Name (Last, First, Middle Initial)
FLOYD, DIANE, , ,

Mailing Address 6601 E. RD. 5

City JOHNSON State KS Zip Code 67855

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

Name of Employer SELF Occupation FARMER, BUSINESS

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5600.00

Date of Receipt
09 / 20 / 2019

Transaction ID : **A43665A3D6C604E4B93A**

Amount of Each Receipt this Period
2800.00

Memo Item
REDESIGNATION TO

SUBTOTAL of Receipts This Page (optional)..... ▶ 5600.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 OF 156
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ZUMBEHL, GLENN, , ,

Mailing Address 11609 NORWOOD

City LEAWOOD State KS Zip Code 66211

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

Name of Employer SELF-EMPLOYED Occupation REAL ESTATE AGENT

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2800.00

Date of Receipt
09 / 25 / 2019

Transaction ID : **A40BF7D0E5E014EEA8F6**

Amount of Each Receipt this Period
2800.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WIN RED

B. Full Name (Last, First, Middle Initial)
WIN RED

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
47697.00

Date of Receipt
09 / 25 / 2019

Transaction ID : **A3D2183B9AB704DFBA8E**

Amount of Each Receipt this Period
2800.00

Memo Item
INTERMEDIARY
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

C. Full Name (Last, First, Middle Initial)
FOOTE, SCOTT, , ,

Mailing Address PO BOX 416

City HOXIE State KS Zip Code 67740

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

Name of Employer FOOTE CATTLE COMPANY, LLC Occupation OWNER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2800.00

Date of Receipt
09 / 29 / 2019

Transaction ID : **A3C09192E7D664A3FB67**

Amount of Each Receipt this Period
2800.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WIN RED

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

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

5600.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

| | | | |
|---|------------------------------|------------------------------|------------------------------|
| FOR LINE NUMBER: (check only one) | | PAGE 44 OF 156 | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 15 |

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)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WIN RED

Mailing Address PO BOX 9891

| | | |
|-------------------|-------------|------------------------|
| City ARLINGTON | State VA | Zip Code 22219-1891 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00694323

| | |
|------------------|------------|
| Name of Employer | Occupation |
| | |

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
47697.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2019

Transaction ID : A06563E72128F4DAEB18

Amount of Each Receipt this Period
2800.00

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

B. Full Name (Last, First, Middle Initial)
HUTTON, MARK, , ,

Mailing Address 3015 FLINT HILLS NATL PKY

| | | |
|-----------------|-------------|-------------------|
| City ANDOVER | State KS | Zip Code 67002 |
|-----------------|-------------|-------------------|

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

| | |
|----------------------------|----------------------------|
| Name of Employer HUTTON | Occupation CEO EMERITUS |
|----------------------------|----------------------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2019

Transaction ID : AEFD8D92894304BCF91C

Amount of Each Receipt this Period
500.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WIN RED

C. Full Name (Last, First, Middle Initial)
WIN RED

Mailing Address PO BOX 9891

| | | |
|-------------------|-------------|------------------------|
| City ARLINGTON | State VA | Zip Code 22219-1891 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00694323

| | |
|------------------|------------|
| Name of Employer | Occupation |
| | |

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
47697.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2019

Transaction ID : A82775AB26D17492FA6A

Amount of Each Receipt this Period
500.00

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 500.00 |
| TOTAL This Period (last page this line number only)..... ▶ | |

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

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

FOR LINE NUMBER: PAGE 45 OF 156
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NAIRN, MARJORIE, , ,
Mailing Address P.O. BOX 486

City JOHNSON State KS Zip Code 67855-0486

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

Name of Employer L & N PUMP INC Occupation PARTNER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 26 / 2019

Transaction ID : **A8E1A5CFA91B34CC6B45**

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
NAIRN, MARJORIE, , ,
Mailing Address P.O. BOX 486

City JOHNSON State KS Zip Code 67855-0486

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

Name of Employer L & N PUMP INC Occupation PARTNER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 26 / 2019

Transaction ID : **AFE327E2C1DA84FD2946**

Amount of Each Receipt this Period
- 2200.00

Memo Item
REDESIGNATION FROM

C. Full Name (Last, First, Middle Initial)
NAIRN, MARJORIE, , ,
Mailing Address P.O. BOX 486

City JOHNSON State KS Zip Code 67855-0486

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

Name of Employer L & N PUMP INC Occupation PARTNER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 26 / 2019

Transaction ID : **A082C41D6C2E549BF9A6**

Amount of Each Receipt this Period
2200.00

Memo Item
REDESIGNATION TO

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

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

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

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

FOR LINE NUMBER: PAGE 46 OF 156
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
UNDERWOOD, RYAN, , ,

Mailing Address 19739 E. 75TH STREET N

City OWASSO State OK Zip Code 74055

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

Name of Employer TEAMTRI Occupation CEO

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 17 / 2019

Transaction ID : **A137395754FB546F78D9**

Amount of Each Receipt this Period
250.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WIN RED

B. Full Name (Last, First, Middle Initial)
WIN RED

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
47697.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 17 / 2019

Transaction ID : **A0181EDFC63CA408EAC0**

Amount of Each Receipt this Period
250.00

Memo Item
INTERMEDIARY
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

C. Full Name (Last, First, Middle Initial)
HAMBELTON, LISA, , ,

Mailing Address 11771 W KELLOFF DR

City WICHITA State KS Zip Code 67209

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

Name of Employer MEL HAMBELTON FORD Occupation OWNER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2019

Transaction ID : **AE6AB376C7AA94B93AF6**

Amount of Each Receipt this Period
1000.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WIN RED

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

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

1250.00

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

| | | | | |
|---|---|-------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 47 OF 156 | |
| | <input checked="" type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WIN RED

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
47697.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2019

Transaction ID : AB3C60663156A457E815

Amount of Each Receipt this Period
1000.00

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

B. Full Name (Last, First, Middle Initial)
LEAR, CLYDE, , ,

Mailing Address 5618 SADDLEBROOKE LANE

City LOHMAN State MO Zip Code 65053

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2019

Transaction ID : AB3930F5F8D534C4B97B

Amount of Each Receipt this Period
11200.00

Memo Item

C. Full Name (Last, First, Middle Initial)
LEAR, CLYDE, , ,

Mailing Address 5618 SADDLEBROOKE LANE

City LOHMAN State MO Zip Code 65053

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2019

Transaction ID : A0F6D63AD079343D09A0

Amount of Each Receipt this Period
- 2800.00

Memo Item
REDESIGNATION FROM

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 11200.00 |
| TOTAL This Period (last page this line number only)..... ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

| | | | |
|---|-------------------------------------|-------------------------------------|------------------------------------|
| FOR LINE NUMBER: (check only one) | | PAGE 48 OF 156 | |
| <input checked="" type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 15 |

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)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LEAR, CLYDE, , ,

Mailing Address 5618 SADDLEBROOKE LANE

| | | |
|----------------|-------------|-------------------|
| City LOHMAN | State MO | Zip Code 65053 |
|----------------|-------------|-------------------|

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

| | |
|-----------------------------|-----------------------|
| Name of Employer RETIRED | Occupation RETIRED |
|-----------------------------|-----------------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 26 / 2019

Transaction ID : **AAE36DB71DB514B06BCE**

Amount of Each Receipt this Period
2800.00

Memo Item
REDESIGNATION TO

B. Full Name (Last, First, Middle Initial)
LEAR, CLYDE, , ,

Mailing Address 5618 SADDLEBROOKE LANE

| | | |
|----------------|-------------|-------------------|
| City LOHMAN | State MO | Zip Code 65053 |
|----------------|-------------|-------------------|

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

| | |
|-----------------------------|-----------------------|
| Name of Employer RETIRED | Occupation RETIRED |
|-----------------------------|-----------------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 26 / 2019

Transaction ID : **A92524026D1254695BEA**

Amount of Each Receipt this Period
- 2800.00

Memo Item
REATTRIBUTION FROM

C. Full Name (Last, First, Middle Initial)
LEAR, CLYDE, , ,

Mailing Address 5618 SADDLEBROOKE LANE

| | | |
|----------------|-------------|-------------------|
| City LOHMAN | State MO | Zip Code 65053 |
|----------------|-------------|-------------------|

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

| | |
|-----------------------------|-----------------------|
| Name of Employer RETIRED | Occupation RETIRED |
|-----------------------------|-----------------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 26 / 2019

Transaction ID : **AD5ECD295425742908B5**

Amount of Each Receipt this Period
- 2800.00

Memo Item
REATTRIBUTION FROM

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

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

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

FOR LINE NUMBER: PAGE 49 OF 156
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LEAR, SUE, , ,
 Mailing Address 5618 SADDLEBROOKE LANE
 City LOHMAN State MO Zip Code 65053
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation HOUSEWIFE
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2019
Transaction ID : AC782F222AD7E4F7BA76
 Amount of Each Receipt this Period
 2800.00
 Memo Item
 REATTRIBUTION TO

B. Full Name (Last, First, Middle Initial)
LEAR, SUE, , ,
 Mailing Address 5618 SADDLEBROOKE LANE
 City LOHMAN State MO Zip Code 65053
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation HOUSEWIFE
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2019
Transaction ID : A61A3B2EB9C6F457F9A2
 Amount of Each Receipt this Period
 2800.00
 Memo Item
 REATTRIBUTION TO

C. Full Name (Last, First, Middle Initial)
PILKINGTON, JOHN, , ,
 Mailing Address PO BOX 457
 City QUINTER State KS Zip Code 67752
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation INSURANCE AGENT
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2019
Transaction ID : A542CBCE2FE0E4030897
 Amount of Each Receipt this Period
 250.00
 Memo Item
 EARMARKED (NON-DIRECTED) THROUGH WIN RED

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

250.00

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

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

FOR LINE NUMBER: PAGE 50 OF 156
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WIN RED

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
47697.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 26 / 2019

Transaction ID : A4F4197791ABE430CB3B

Amount of Each Receipt this Period
250.00

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.

B. Full Name (Last, First, Middle Initial)
HEMMER, TOM, , ,

Mailing Address 22 CRESTVIEW DR

City SALINA State KS Zip Code 67401

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

Name of Employer Occupation
SOLOMON CORPORATION PRESIDENT

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 27 / 2019

Transaction ID : AB0EF47B4725C44AE82D

Amount of Each Receipt this Period
11200.00

Memo Item

C. Full Name (Last, First, Middle Initial)
HEMMER, TOM, , ,

Mailing Address 22 CRESTVIEW DR

City SALINA State KS Zip Code 67401

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

Name of Employer Occupation
SOLOMON CORPORATION PRESIDENT

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 27 / 2019

Transaction ID : AF1DE9B058F0F4822B24

Amount of Each Receipt this Period
- 2800.00

Memo Item
REDESIGNATION FROM

SUBTOTAL of Receipts This Page (optional)..... ▶ 11200.00

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

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

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

FOR LINE NUMBER: PAGE 51 OF 156
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HEMMER, TOM, , ,
 Mailing Address 22 CRESTVIEW DR
 City SALINA State KS Zip Code 67401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SOLOMON CORPORATION Occupation PRESIDENT
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2019
Transaction ID : A47A8C7B0C2B04048808
 Amount of Each Receipt this Period
 2800.00
 Memo Item
 REDESIGNATION TO

B. Full Name (Last, First, Middle Initial)
HEMMER, TOM, , ,
 Mailing Address 22 CRESTVIEW DR
 City SALINA State KS Zip Code 67401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SOLOMON CORPORATION Occupation PRESIDENT
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2019
Transaction ID : A32F024D09B4741238D7
 Amount of Each Receipt this Period
 - 2800.00
 Memo Item
 REATTRIBUTION FROM

C. Full Name (Last, First, Middle Initial)
HEMMER, TOM, , ,
 Mailing Address 22 CRESTVIEW DR
 City SALINA State KS Zip Code 67401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SOLOMON CORPORATION Occupation PRESIDENT
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2019
Transaction ID : A0E3F801736E44E82898
 Amount of Each Receipt this Period
 - 2800.00
 Memo Item
 REATTRIBUTION FROM

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

0.00

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

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

FOR LINE NUMBER: PAGE 52 OF 156
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HEMMER, MARGARET, , ,
Mailing Address 214 GREENWAY

City SALINA State KS Zip Code 67401

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

Name of Employer SELF Occupation CONSULTANT

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5600.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2019

Transaction ID : **A7D8F419C55554C80A87**

Amount of Each Receipt this Period
2800.00

Memo Item
REATTRIBUTION TO

B. Full Name (Last, First, Middle Initial)
HEMMER, MARGARET, , ,
Mailing Address 214 GREENWAY

City SALINA State KS Zip Code 67401

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

Name of Employer SELF Occupation CONSULTANT

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5600.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2019

Transaction ID : **A3F45959D506041DF9FA**

Amount of Each Receipt this Period
2800.00

Memo Item
REATTRIBUTION TO

C. Full Name (Last, First, Middle Initial)
EGAN, DONNA, , ,
Mailing Address 4655 OSAGE BEACH PKWY

City OSAGE BEACH State MO Zip Code 65065-2663

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2019

Transaction ID : **A43C89C50E9E34C1BAF3**

Amount of Each Receipt this Period
500.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WIN RED

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 OF 156
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WIN RED

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
47697.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2019

Transaction ID : AC7142125796A42279D5

Amount of Each Receipt this Period
500.00

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.

B. Full Name (Last, First, Middle Initial)
CLAWSON, DAVID, , ,

Mailing Address PO BOX 146

City ENGLEWOOD State KS Zip Code 67840

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

Name of Employer Occupation
SELF FARMER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2019

Transaction ID : A52893963CEFD48ADA06

Amount of Each Receipt this Period
1000.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WIN RED

C. Full Name (Last, First, Middle Initial)
WIN RED

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
47697.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2019

Transaction ID : ADF35E59A784448EFAEF

Amount of Each Receipt this Period
1000.00

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 54 OF 156
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HAYNES, JANIS, , ,

Mailing Address 2435 EDMONT

City ARKANSAS CITY State KS Zip Code 67005

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

Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2800.00

Date of Receipt
09 / 30 / 2019

Transaction ID : **A870DBC9ACFD4687BE6**

Amount of Each Receipt this Period
2800.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WIN RED

B. Full Name (Last, First, Middle Initial)
WIN RED

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
47697.00

Date of Receipt
09 / 30 / 2019

Transaction ID : **ABD80DB70813C464083A**

Amount of Each Receipt this Period
2800.00

Memo Item
INTERMEDIARY
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

C. Full Name (Last, First, Middle Initial)
BATMAN, STEPHEN, , ,

Mailing Address 6902 GASTON AVE

City DALLAS State TX Zip Code 75214-3801

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
09 / 30 / 2019

Transaction ID : **AFEE1AA5227034E8DB7C**

Amount of Each Receipt this Period
500.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WIN RED

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

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

3300.00

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

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

FOR LINE NUMBER: PAGE 55 OF 156
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WIN RED

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
47697.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2019

Transaction ID : **A2C1BEDE94C1B4B3792E**

Amount of Each Receipt this Period
500.00

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.

B. Full Name (Last, First, Middle Initial)
HAMPTON, FRANK, , ,

Mailing Address 589 UPPER MILL HEIGHTS DR

City SALINA State KS Zip Code 67401

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

Name of Employer Occupation
HAMPTON FINANCIAL FINANCIAL ADVISOR

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 26 / 2019

Transaction ID : **A1A9FD4345F7B4842943**

Amount of Each Receipt this Period
500.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WIN RED

C. Full Name (Last, First, Middle Initial)
WIN RED

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
47697.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 26 / 2019

Transaction ID : **A71EE62D454CB41B78CE**

Amount of Each Receipt this Period
500.00

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00

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

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

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

FOR LINE NUMBER: PAGE 56 OF 156
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FLOYD, GARY, , ,
 Mailing Address 1800 N. RD. I
 City JOHNSON State KS Zip Code 67855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation FARMER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2019
Transaction ID : A3B8776AF25D64AA4AC6
 Amount of Each Receipt this Period
 11200.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
FLOYD, GARY, , ,
 Mailing Address 1800 N. RD. I
 City JOHNSON State KS Zip Code 67855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation FARMER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2019
Transaction ID : AC3A39A191A2641DF8D8
 Amount of Each Receipt this Period
 - 2800.00
 Memo Item
 REDESIGNATION FROM

C. Full Name (Last, First, Middle Initial)
FLOYD, GARY, , ,
 Mailing Address 1800 N. RD. I
 City JOHNSON State KS Zip Code 67855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation FARMER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2019
Transaction ID : ABDDADC78FB99464DB15
 Amount of Each Receipt this Period
 2800.00
 Memo Item
 REDESIGNATION TO

SUBTOTAL of Receipts This Page (optional)..... ▶ 11200.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 57 OF 156
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FLOYD, GARY, , ,
 Mailing Address 1800 N. RD. I
 City JOHNSON State KS Zip Code 67855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation FARMER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2019
Transaction ID : AEF3CFD2F9E3B4CF3862
 Amount of Each Receipt this Period
 - 2800.00
 Memo Item
 REATTRIBUTION FROM

B. Full Name (Last, First, Middle Initial)
FLOYD, GARY, , ,
 Mailing Address 1800 N. RD. I
 City JOHNSON State KS Zip Code 67855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation FARMER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2019
Transaction ID : A7DA6673EE2464238A11
 Amount of Each Receipt this Period
 - 2800.00
 Memo Item
 REATTRIBUTION FROM

C. Full Name (Last, First, Middle Initial)
FLOYD, MARLA, , ,
 Mailing Address 1800 N ROAD I
 City JOHNSON State KS Zip Code 67855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HOMEMAKER Occupation HOMEMAKER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2019
Transaction ID : A954D381AB39341A5A7F
 Amount of Each Receipt this Period
 2800.00
 Memo Item
 REATTRIBUTION TO

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

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

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

FOR LINE NUMBER: PAGE 58 OF 156
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FLOYD, MARLA, , ,
Mailing Address 1800 N ROAD I
City JOHNSON State KS Zip Code 67855
FEC ID number of contributing federal political committee. C
Name of Employer HOME MAKER Occupation HOME MAKER
Receipt For: 2020
 Primary General
 Other (specify) ▼ Election Cycle-to-Date 5600.00

Date of Receipt 09 / 26 / 2019
Transaction ID : A7A96102712894A05930
Amount of Each Receipt this Period 2800.00
 Memo Item REATTRIBUTION TO

B. Full Name (Last, First, Middle Initial)
BORCK, JACKIE, , ,
Mailing Address 1412 PENROSE PL
City MANHATTAN State KS Zip Code 66503-9813
FEC ID number of contributing federal political committee. C
Name of Employer RETIRED Occupation RETIRED
Receipt For: 2020
 Primary General
 Other (specify) ▼ Election Cycle-to-Date 5600.00

Date of Receipt 09 / 28 / 2019
Transaction ID : AE8BFB2EC43404B14B3D
Amount of Each Receipt this Period 5600.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
BORCK, JACKIE, , ,
Mailing Address 1412 PENROSE PL
City MANHATTAN State KS Zip Code 66503-9813
FEC ID number of contributing federal political committee. C
Name of Employer RETIRED Occupation RETIRED
Receipt For: 2020
 Primary General
 Other (specify) ▼ Election Cycle-to-Date 5600.00

Date of Receipt 09 / 28 / 2019
Transaction ID : A20660E22859A4955987
Amount of Each Receipt this Period -2800.00
 Memo Item REDESIGNATION FROM

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

5600.00

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

| | | | | |
|---|---|-------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 59 OF 156 | |
| | <input checked="" type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BORCK, JACKIE, , ,

Mailing Address 1412 PENROSE PL

| | | |
|-------------------|-------------|------------------------|
| City MANHATTAN | State KS | Zip Code 66503-9813 |
|-------------------|-------------|------------------------|

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

| | |
|-----------------------------|-----------------------|
| Name of Employer RETIRED | Occupation RETIRED |
|-----------------------------|-----------------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5600.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 09 / 28 / 2019 |

Transaction ID : ACB335A3782224E5A98C

Amount of Each Receipt this Period
2800.00

Memo Item
REDESIGNATION TO

B. Full Name (Last, First, Middle Initial)
ELLIOTT, BRAD, , ,

Mailing Address 1128 N GLENMOOR DR

| | | |
|-----------------|-------------|-------------------|
| City WICHITA | State KS | Zip Code 67206 |
|-----------------|-------------|-------------------|

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

| | |
|---------------------------------|--------------------------------|
| Name of Employer EQUITY BANK | Occupation CHAIRMAN AND CEO |
|---------------------------------|--------------------------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2800.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 09 / 30 / 2019 |

Transaction ID : A6E4D2DC33145482689D

Amount of Each Receipt this Period
5600.00

Memo Item

C. Full Name (Last, First, Middle Initial)
ELLIOTT, BRAD, , ,

Mailing Address 1128 N GLENMOOR DR

| | | |
|-----------------|-------------|-------------------|
| City WICHITA | State KS | Zip Code 67206 |
|-----------------|-------------|-------------------|

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

| | |
|---------------------------------|--------------------------------|
| Name of Employer EQUITY BANK | Occupation CHAIRMAN AND CEO |
|---------------------------------|--------------------------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2800.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 09 / 30 / 2019 |

Transaction ID : ACD18BBCCEC3E4BEB9CI

Amount of Each Receipt this Period
- 2800.00

Memo Item
REATTRIBUTION FROM

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 5600.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 60 OF 156
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ELLIOTT, HEIDI, , ,
 Mailing Address 1128 N GLENMOOR DR
 City WICHITA State KS Zip Code 67206-4116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation HOMEMAKER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : ADC4C8AB17739403CACF
 Amount of Each Receipt this Period
 2800.00
 Memo Item
 REATTRIBUTION TO

B. Full Name (Last, First, Middle Initial)
BRECKENRIDGE, BRUCE, , ,
 Mailing Address 11064 STRANG LINE ROAD
 City LENEXA State KS Zip Code 66215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ENJET AERO Occupation CEO
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : A73EACEB8B3944ED6880
 Amount of Each Receipt this Period
 2800.00
 Memo Item
 EARMARKED (NON-DIRECTED) THROUGH WIN RED

C. Full Name (Last, First, Middle Initial)
WIN RED
 Mailing Address PO BOX 9891
 City ARLINGTON State VA Zip Code 22219-1891
 FEC ID number of contributing federal political committee. **C** C00694323
 Name of Employer Occupation
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 47697.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : A16CC2A3DE6F54448812
 Amount of Each Receipt this Period
 2800.00
 Memo Item
 INTERMEDIARY
 TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

SUBTOTAL of Receipts This Page (optional)..... ▶ 2800.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 61 OF 156
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FLOYD, MARTIE, , ,
 Mailing Address 6601 E ROAD 5
 City JOHNSON State KS Zip Code 67855-8897
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STANTON COUNTY Occupation COMMISSIONER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 10 / 2019
Transaction ID : A438ED89214614A2080B
 Amount of Each Receipt this Period
 5600.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
FLOYD, MARTIE, , ,
 Mailing Address 6601 E ROAD 5
 City JOHNSON State KS Zip Code 67855-8897
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STANTON COUNTY Occupation COMMISSIONER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 20 / 2019
Transaction ID : ACDA5A46B850F4FC2A7F
 Amount of Each Receipt this Period
 - 2800.00
 Memo Item
 REDESIGNATION FROM

C. Full Name (Last, First, Middle Initial)
FLOYD, MARTIE, , ,
 Mailing Address 6601 E ROAD 5
 City JOHNSON State KS Zip Code 67855-8897
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STANTON COUNTY Occupation COMMISSIONER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 20 / 2019
Transaction ID : A15D9D8F72C154C81B18
 Amount of Each Receipt this Period
 2800.00
 Memo Item
 REDESIGNATION TO

SUBTOTAL of Receipts This Page (optional)..... ▶ 5600.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 62 OF 156
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CAMERON, RONALD, , MR.,

Mailing Address PO BOX 21440

City LITTLE ROCK State AR Zip Code 72221

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

Name of Employer MOUNTAIRE Occupation CHAIRMAN

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2019

Transaction ID : **A068A5259CBAE45D5980**

Amount of Each Receipt this Period
 2800.00

Memo Item
 EARMARKED (NON-DIRECTED) THROUGH WIN RED

B. Full Name (Last, First, Middle Initial)
WIN RED

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 47697.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2019

Transaction ID : **AA03A85A485E848EC8A5**

Amount of Each Receipt this Period
 2800.00

Memo Item
 INTERMEDIARY
 TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

C. Full Name (Last, First, Middle Initial)
BROOKOVER, FOREST TY, , ,

Mailing Address 2460 S GRANDVIEW DR

City GARDEN CITY State KS Zip Code 67846-9624

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

Name of Employer BROOKOVER LAND ENT. Occupation PARTNER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 11 / 2019

Transaction ID : **AFA50F069A08D4D62B00**

Amount of Each Receipt this Period
 5600.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 8400.00

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

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

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

FOR LINE NUMBER: PAGE 63 OF 156
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BROOKOVER, FOREST TY, , ,
 Mailing Address 2460 S GRANDVIEW DR
 City GARDEN CITY State KS Zip Code 67846-9624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BROOKOVER LAND ENT. Occupation PARTNER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 11 / 2019
Transaction ID : A0A7BC4C9BC4949C3BB6
 Amount of Each Receipt this Period
 - 2800.00
 Memo Item
 REDESIGNATION FROM

B. Full Name (Last, First, Middle Initial)
BROOKOVER, FOREST TY, , ,
 Mailing Address 2460 S GRANDVIEW DR
 City GARDEN CITY State KS Zip Code 67846-9624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BROOKOVER LAND ENT. Occupation PARTNER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 11 / 2019
Transaction ID : AC65F42C679624EEFBEB
 Amount of Each Receipt this Period
 2800.00
 Memo Item
 REDESIGNATION TO

C. Full Name (Last, First, Middle Initial)
COE, RICHARD, , ,
 Mailing Address 12701 E. FOUR OAKS
 City WICHITA State KS Zip Code 67226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COE FINANCIAL SERVICRD Occupation FINANCIAL ADVISOR
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2019
Transaction ID : A250B95EEDC284171BCE
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 EARMARKED (NON-DIRECTED) THROUGH WIN RED

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

1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

| | | | |
|---|------------------------------|------------------------------|------------------------------|
| FOR LINE NUMBER: (check only one) | | PAGE 64 OF 156 | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 15 |

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)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WIN RED

Mailing Address PO BOX 9891

| | | |
|-------------------|-------------|------------------------|
| City ARLINGTON | State VA | Zip Code 22219-1891 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00694323

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
47697.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2019

Transaction ID : A07BA1AFA422946608F4

Amount of Each Receipt this Period
1000.00

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

B. Full Name (Last, First, Middle Initial)
PETERSON, PETE, , ,

Mailing Address 2527 FLOR DE SOL

| | | |
|----------------|-------------|-------------------|
| City SALINA | State KS | Zip Code 67401 |
|----------------|-------------|-------------------|

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

| | |
|---|------------------------|
| Name of Employer CLARK, MIZE & LINVILLE, CHTD. | Occupation ATTORNEY |
|---|------------------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2019

Transaction ID : A7A1292A7FB444098A54

Amount of Each Receipt this Period
500.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WIN RED

C. Full Name (Last, First, Middle Initial)
WIN RED

Mailing Address PO BOX 9891

| | | |
|-------------------|-------------|------------------------|
| City ARLINGTON | State VA | Zip Code 22219-1891 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00694323

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
47697.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2019

Transaction ID : A30E838C6227A4824BDA

Amount of Each Receipt this Period
500.00

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 500.00 |
| TOTAL This Period (last page this line number only)..... ▶ | |

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

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

FOR LINE NUMBER: PAGE 65 OF 156
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BANGERTER, SHANE, , ,

Mailing Address 10598 BRIARWOOD DRIVE

City DODGE CITY State KS Zip Code 67801

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

Name of Employer BANGERTER LAW P.A. Occupation ATTORNEY

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 12 / 2019

Transaction ID : **A95F75719AA0747DDAB1**

Amount of Each Receipt this Period
1000.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WIN RED

B. Full Name (Last, First, Middle Initial)
WIN RED

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
47697.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 12 / 2019

Transaction ID : **AB5B51FC1F233470CB5B**

Amount of Each Receipt this Period
1000.00

Memo Item
INTERMEDIARY
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

C. Full Name (Last, First, Middle Initial)
MULLIN, DENNIS, , ,

Mailing Address 1305 SHARINGBROOK DR

City MANHATTAN State KS Zip Code 66503

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

Name of Employer SPS COMPANIES, INC. Occupation CHAIRMAN

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2019

Transaction ID : **A0A19EB49E00A4FF8970**

Amount of Each Receipt this Period
500.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WIN RED

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 66 OF 156
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WIN RED
 Mailing Address PO BOX 9891
 City ARLINGTON State VA Zip Code 22219-1891
 FEC ID number of contributing federal political committee. **C** C00694323
 Name of Employer Occupation
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 47697.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : ACB28895A20BA44918D8
 Amount of Each Receipt this Period
 500.00
 Memo Item
 INTERMEDIARY
 TOTAL EARMARKED THROUGH CONDUIT. PAC
 LIMIT NOT AFFECTED.

B. Full Name (Last, First, Middle Initial)
MAXWELL, KORB, , ,
 Mailing Address 5527 E MISSION DR
 City MISSION HILLS State KS Zip Code 66208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 POLSINELLI SHAREHOLDER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2019
Transaction ID : ACA4F57DAE2B34901865
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 EARMARKED (NON-DIRECTED) THROUGH WIN RED

C. Full Name (Last, First, Middle Initial)
WIN RED
 Mailing Address PO BOX 9891
 City ARLINGTON State VA Zip Code 22219-1891
 FEC ID number of contributing federal political committee. **C** C00694323
 Name of Employer Occupation
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 47697.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2019
Transaction ID : A89BFC2BBA45F4632A7A
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 INTERMEDIARY
 TOTAL EARMARKED THROUGH CONDUIT. PAC
 LIMIT NOT AFFECTED.

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

1000.00

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

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

FOR LINE NUMBER: PAGE 67 OF 156
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MORRISON, AARON, , ,
 Mailing Address PO BOX 737
 City SALINA State KS Zip Code 67402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MORRISON VENTURES Occupation PRESIDENT
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 11 / 2019
Transaction ID : AD00CAFBA64F5499996E
 Amount of Each Receipt this Period
 5600.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
MORRISON, AARON, , ,
 Mailing Address PO BOX 737
 City SALINA State KS Zip Code 67402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MORRISON VENTURES Occupation PRESIDENT
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2019
Transaction ID : A0C119ECEC4C34B64AA3
 Amount of Each Receipt this Period
 - 2800.00
 Memo Item
 REDESIGNATION FROM

C. Full Name (Last, First, Middle Initial)
MORRISON, AARON, , ,
 Mailing Address PO BOX 737
 City SALINA State KS Zip Code 67402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MORRISON VENTURES Occupation PRESIDENT
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2019
Transaction ID : ADE4C26EF39EB44CC940
 Amount of Each Receipt this Period
 2800.00
 Memo Item
 REDESIGNATION TO

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

5600.00

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

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

FOR LINE NUMBER: PAGE 68 OF 156
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BURNS, MICHAEL, , ,

Mailing Address 2005 CIRCLE LAKE DR

City DODGE CITY State KS Zip Code 67801-2979

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

Name of Employer LANDMARK NATIONAL BANK Occupation COMMERCIAL BANKER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2019

Transaction ID : **A4049EEB08F674B4BAC0**

Amount of Each Receipt this Period
250.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WIN RED

B. Full Name (Last, First, Middle Initial)
WIN RED

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
47697.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2019

Transaction ID : **A92704516AF0F422AB9F**

Amount of Each Receipt this Period
250.00

Memo Item
INTERMEDIARY
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

C. Full Name (Last, First, Middle Initial)
AUSTIN, DAVID, , ,

Mailing Address 8658 SW 90TH AVE

City PORTLAND State OR Zip Code 97223

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

Name of Employer WORLD FOOD PROGRAM Occupation DIRECTOR

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2019

Transaction ID : **A99EF00E0D6024227894**

Amount of Each Receipt this Period
250.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WIN RED

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

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

500.00

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

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

FOR LINE NUMBER: PAGE 69 OF 156
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WIN RED

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
47697.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2019

Transaction ID : A9CFFE0719405402D9E8

Amount of Each Receipt this Period
250.00

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

B. Full Name (Last, First, Middle Initial)
DEMETREE, MARK, , ,

Mailing Address 11416 MEADOW

City LEAWOOD State KS Zip Code 66211-3014

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

Name of Employer Occupation
DEMETREE SALT LLC CHAIRMAN

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 26 / 2019

Transaction ID : A823102F83CB64846B2A

Amount of Each Receipt this Period
11200.00

Memo Item

C. Full Name (Last, First, Middle Initial)
DEMETREE, MARK, , ,

Mailing Address 11416 MEADOW

City LEAWOOD State KS Zip Code 66211-3014

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

Name of Employer Occupation
DEMETREE SALT LLC CHAIRMAN

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 26 / 2019

Transaction ID : A624298CE56894076931

Amount of Each Receipt this Period
- 2800.00

Memo Item
REDESIGNATION FROM

SUBTOTAL of Receipts This Page (optional)..... ▶ 11200.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

| | | | |
|---|------------------------------|------------------------------|------------------------------|
| FOR LINE NUMBER: (check only one) | | PAGE 70 OF 156 | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 | |

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)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DEMETREE, MARK, , ,

Mailing Address 11416 MEADOW

| | | |
|-----------------|-------------|------------------------|
| City LEAWOOD | State KS | Zip Code 66211-3014 |
|-----------------|-------------|------------------------|

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

| | |
|---------------------------------------|------------------------|
| Name of Employer DEMETREE SALT LLC | Occupation CHAIRMAN |
|---------------------------------------|------------------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2019

Transaction ID : A7E5BB061364540D885D

Amount of Each Receipt this Period
2800.00

Memo Item
REDESIGNATION TO

B. Full Name (Last, First, Middle Initial)
DEMETREE, MARK, , ,

Mailing Address 11416 MEADOW

| | | |
|-----------------|-------------|------------------------|
| City LEAWOOD | State KS | Zip Code 66211-3014 |
|-----------------|-------------|------------------------|

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

| | |
|---------------------------------------|------------------------|
| Name of Employer DEMETREE SALT LLC | Occupation CHAIRMAN |
|---------------------------------------|------------------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2019

Transaction ID : A6F05C490FDC34E008F0

Amount of Each Receipt this Period
- 2800.00

Memo Item
REATTRIBUTION FROM

C. Full Name (Last, First, Middle Initial)
DEMETREE, MARK, , ,

Mailing Address 11416 MEADOW

| | | |
|-----------------|-------------|------------------------|
| City LEAWOOD | State KS | Zip Code 66211-3014 |
|-----------------|-------------|------------------------|

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

| | |
|---------------------------------------|------------------------|
| Name of Employer DEMETREE SALT LLC | Occupation CHAIRMAN |
|---------------------------------------|------------------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2019

Transaction ID : A79A817DD2266428E989

Amount of Each Receipt this Period
- 2800.00

Memo Item
REATTRIBUTION FROM

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

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

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

FOR LINE NUMBER: PAGE 71 OF 156
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DEMETREE, CHRISTINA, , ,
 Mailing Address 11416 MEADOW
 City LEAWOOD State KS Zip Code 66211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation COMMUNITY VOLUNTEER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2019
Transaction ID : A06E2530901C84064869
 Amount of Each Receipt this Period
 2800.00
 Memo Item
 REATTRIBUTION TO

B. Full Name (Last, First, Middle Initial)
DEMETREE, CHRISTINA, , ,
 Mailing Address 11416 MEADOW
 City LEAWOOD State KS Zip Code 66211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation COMMUNITY VOLUNTEER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2019
Transaction ID : AE74710D6A6FF483E964
 Amount of Each Receipt this Period
 2800.00
 Memo Item
 REATTRIBUTION TO

C. Full Name (Last, First, Middle Initial)
KOENIGSFELD, STAN, , ,
 Mailing Address 6025 MEADOW RIDGE DR
 City JEFFERSON CITY State MO Zip Code 65101-8835
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 12 / 2019
Transaction ID : AA83BC9ED03974B62B63
 Amount of Each Receipt this Period
 5000.00
 Memo Item

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

5000.00

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

| | | | | |
|---|---|-------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 72 OF 156 | |
| | <input checked="" type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KOENIGSFELD, STAN, , ,

Mailing Address 6025 MEADOW RIDGE DR

| | | |
|------------------------|-------------|------------------------|
| City JEFFERSON CITY | State MO | Zip Code 65101-8835 |
|------------------------|-------------|------------------------|

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

| | |
|-----------------------------|-----------------------|
| Name of Employer RETIRED | Occupation RETIRED |
|-----------------------------|-----------------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 12 / 2019

Transaction ID : A108B7DEB33B6421EB35

Amount of Each Receipt this Period
 - 2200.00

Memo Item
 REATTRIBUTION FROM

B. Full Name (Last, First, Middle Initial)
KOENIGSFELD, JULIA, , ,

Mailing Address 6025 MEADOW RIDGE DR

| | | |
|------------------------|-------------|------------------------|
| City JEFFERSON CITY | State MO | Zip Code 65101-8835 |
|------------------------|-------------|------------------------|

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

| | |
|-----------------------------|-----------------------|
| Name of Employer RETIRED | Occupation RETIRED |
|-----------------------------|-----------------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 12 / 2019

Transaction ID : AD9ADE573F95B400596D

Amount of Each Receipt this Period
 2200.00

Memo Item
 REATTRIBUTION TO

C. Full Name (Last, First, Middle Initial)
LARSON, THAYNE, , ,

Mailing Address 1325 US HIGHWAY 36

| | | |
|--------------------|-------------|-------------------|
| City BELLEVILLE | State KS | Zip Code 66935 |
|--------------------|-------------|-------------------|

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

| | |
|--------------------------|----------------------|
| Name of Employer SELF | Occupation FARMER |
|--------------------------|----------------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2019

Transaction ID : AA3A0174BB641442285F

Amount of Each Receipt this Period
 250.00

Memo Item
 EARMARKED (NON-DIRECTED) THROUGH WIN RED

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 250.00 |
| TOTAL This Period (last page this line number only)..... ▶ | |

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

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

FOR LINE NUMBER: PAGE 73 OF 156
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WIN RED

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
47697.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2019

Transaction ID : A75B1B18DF2E248ED9EC

Amount of Each Receipt this Period
250.00

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

B. Full Name (Last, First, Middle Initial)
OLSEN, JEREMIAH, , ,

Mailing Address 143 MARKET ST

City ANNAPOLIS State MD Zip Code 21401-2628

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

Name of Employer Occupation
SELF-EMPLOYED CONSULTANT

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2019

Transaction ID : AE2C16833AC154DAEB81

Amount of Each Receipt this Period
500.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WIN RED

C. Full Name (Last, First, Middle Initial)
WIN RED

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
47697.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2019

Transaction ID : AD39380E153E14D35B01

Amount of Each Receipt this Period
500.00

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00

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

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

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

FOR LINE NUMBER: PAGE 74 OF 156
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BROOKOVER, LACY, , ,
 Mailing Address 2460 S GRANDVIEW DR
 City GARDEN CITY State KS Zip Code 67846-9624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2019
Transaction ID : A65EC3C1D73A64C81867
 Amount of Each Receipt this Period
 5600.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
BROOKOVER, LACY, , ,
 Mailing Address 2460 S GRANDVIEW DR
 City GARDEN CITY State KS Zip Code 67846-9624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2019
Transaction ID : ACF1685387469402FB38
 Amount of Each Receipt this Period
 - 2800.00
 Memo Item
REDESIGNATION FROM

C. Full Name (Last, First, Middle Initial)
BROOKOVER, LACY, , ,
 Mailing Address 2460 S GRANDVIEW DR
 City GARDEN CITY State KS Zip Code 67846-9624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2019
Transaction ID : A57E3B9FACDCA43B3A63
 Amount of Each Receipt this Period
 2800.00
 Memo Item
REDESIGNATION TO

SUBTOTAL of Receipts This Page (optional) ▶ 5600.00
TOTAL This Period (last page this line number only) ▶

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

| | | | | |
|---|---|-------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 75 OF 156 | |
| | <input checked="" type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MCCLASKEY, JACKIE, , ,

Mailing Address 3031 SUNNYSIDE DR.

| | | |
|-------------------|-------------|-------------------|
| City MANHATTAN | State KS | Zip Code 66502 |
|-------------------|-------------|-------------------|

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

| | |
|--|-------------------------|
| Name of Employer NEW CAMPUS DEVELOPMENT | Occupation PRESIDENT |
|--|-------------------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 09 / 2019

Transaction ID : AF899A17056304AF2926

Amount of Each Receipt this Period
500.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WIN RED

B. Full Name (Last, First, Middle Initial)
WIN RED

Mailing Address PO BOX 9891

| | | |
|-------------------|-------------|------------------------|
| City ARLINGTON | State VA | Zip Code 22219-1891 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00694323

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
47697.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 09 / 2019

Transaction ID : AB38B2BA5A6094919B19

Amount of Each Receipt this Period
500.00

Memo Item
INTERMEDIARY
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

C. Full Name (Last, First, Middle Initial)
GOODEN, JOSHUA, , ,

Mailing Address 109 W 9TH STREET

| | | |
|--------------------|-------------|-------------------|
| City SCOTT CITY | State KS | Zip Code 67871 |
|--------------------|-------------|-------------------|

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

| | |
|-----------------------------------|---------------------------|
| Name of Employer SELF-EMPLOYED | Occupation OPTOMETRIST |
|-----------------------------------|---------------------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2019

Transaction ID : A525053E5EE754624800

Amount of Each Receipt this Period
1000.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WIN RED

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

| | | | |
|---|-------------------------------------|-------------------------------------|------------------------------------|
| FOR LINE NUMBER: (check only one) | | PAGE 76 OF 156 | |
| <input checked="" type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WIN RED

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
47697.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2019

Transaction ID : A17F6D73A05FC454BB33

Amount of Each Receipt this Period
1000.00

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

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).....▶ | 249600.00 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

| | | | | |
|--------------------------------------|-------------------------------------|--|------------------------------------|-----------------------------|
| FOR LINE NUMBER: (check only one) | | PAGE 77 OF 156 | | |
| <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
YOPAC

Mailing Address 5631 ABERDEEN RD

| | | |
|-----------------|-------------|------------------------|
| City FAIRWAY | State KS | Zip Code 66205-2610 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00497305

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2019

Transaction ID : A5BF583D3A620499088D

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| TOTAL This Period (last page this line number only).....▶ | 1000.00 |

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

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

FOR LINE NUMBER: PAGE 78 OF 156
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MANN, TRACEY, ROBERT, ,

Mailing Address PO BOX 1084

City SALINA State KS Zip Code 67402-1084

FEC ID number of contributing federal political committee. **C** HOKS01123

Name of Employer SELF-EMPLOYED Occupation REAL ESTATE INVESTOR

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 09 / 2019

Transaction ID : **AACE612CE846445C0B9B**

Amount of Each Receipt this Period
 _____ 200.00

Memo Item
PERSONAL FUNDS OF THE CANDIDATE

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

| | |
|--|--------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | _____ 200.00 |
| TOTAL This Period (last page this line number only).....▶ | _____ 200.00 |

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 79 OF 156 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. WIN RED TECHNICAL SERVICES LLC | | Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2019 |
| Mailing Address 1776 WILSON BLVD SUITE 530 | | FEC Identification Number C |
| City ARLINGTON | State VA | Zip Code 22209-2515 |
| Purpose of Disbursement PROCESSING FEES | Category/Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 50.30 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | Transaction ID : B11AE50E170D046D2A45 <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. BEST BUY | | Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2019 |
| Mailing Address 329 TUTTLE CREEK BLVD | | FEC Identification Number C |
| City MANHATTAN | State KS | Zip Code 66502-6394 |
| Purpose of Disbursement OFFICE EQUIPMENT | Category/Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 437.79 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | Transaction ID : BDF20611CC33344A1B06 <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. WIN RED TECHNICAL SERVICES LLC | | Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2019 |
| Mailing Address 1776 WILSON BLVD SUITE 530 | | FEC Identification Number C |
| City ARLINGTON | State VA | Zip Code 22209-2515 |
| Purpose of Disbursement PROCESSING FEES | Category/Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 9.80 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | Transaction ID : BE5ED10D52C284A7D898 <input type="checkbox"/> Memo Item | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 497.89 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 80 OF 156 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. WIN RED TECHNICAL SERVICES LLC | | Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2019 |
| Mailing Address 1776 WILSON BLVD SUITE 530 | | FEC Identification Number C |
| City ARLINGTON | State VA | Zip Code 22209-2515 |
| Purpose of Disbursement PROCESSING FEES | Category/Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 38.30 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : B8F280FE6CB3F49C3B9C |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. WIN RED TECHNICAL SERVICES LLC | | Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2019 |
| Mailing Address 1776 WILSON BLVD SUITE 530 | | FEC Identification Number C |
| City ARLINGTON | State VA | Zip Code 22209-2515 |
| Purpose of Disbursement PROCESSING FEES | Category/Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 126.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : B505879EBA65D4A03990 |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. WIN RED TECHNICAL SERVICES LLC | | Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2019 |
| Mailing Address 1776 WILSON BLVD SUITE 530 | | FEC Identification Number C |
| City ARLINGTON | State VA | Zip Code 22209-2515 |
| Purpose of Disbursement PROCESSING FEES | Category/Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 251.70 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : B0C422C7190A24344ABD |
| State: District: | <input type="checkbox"/> Memo Item | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 416.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 81 OF 156 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. WIN RED TECHNICAL SERVICES LLC | | Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2019 |
| Mailing Address 1776 WILSON BLVD SUITE 530 | | FEC Identification Number C |
| City ARLINGTON | State VA | Zip Code 22209-2515 |
| Purpose of Disbursement PROCESSING FEES | Category/Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 256.10 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : B0F646BF0ECAE42FB98C |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. WOODS, EMILY, , , | | Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2019 |
| Mailing Address PO BOX 1084 | | FEC Identification Number C |
| City SALINA | State KS | Zip Code 67402-1084 |
| Purpose of Disbursement FUNDRAISING CONSULTING | Category/Type 003 | |
| Candidate Name | | Amount of Each Disbursement this Period 1500.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : BB08FB6ABC3B497F8AB |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. WIN RED TECHNICAL SERVICES LLC | | Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2019 |
| Mailing Address 1776 WILSON BLVD SUITE 530 | | FEC Identification Number C |
| City ARLINGTON | State VA | Zip Code 22209-2515 |
| Purpose of Disbursement PROCESSING FEES | Category/Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 38.30 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : BC741591A029247F089A |
| State: District: | <input type="checkbox"/> Memo Item | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 1794.40 |
| TOTAL This Period (last page this line number only).....▶ | 2708.29 |

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **MANN FOR CONGRESS** Transaction ID : C0D47264CD03244AEA27

| | | | |
|---|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) MANN, TRACEY, ROBERT, , | | <input type="checkbox"/> Memo Item | Election: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | ZIP Code 67402-1084 | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 25000.00 | 22500.00 | 2500.00 |

| | | | | |
|--------------|----------------------|--------------------|----------------------------------|---|
| TERMS | Date Incurred | Date Due | Interest Rate (If none, enter 0) | Secured: |
| | M 07 / D 27 / Y 2010 | M M / D D / Y NONE | 0.00 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

List All Endorsers or Guarantors (if any) to Loan Source

| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
|--|--------------------------------|
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

| | |
|---|---------|
| SUBTOTALS This Period This Page (optional).....▶ | 2500.00 |
| TOTALS This Period (last page in this line only).....▶ | |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **MANN FOR CONGRESS** Transaction ID : **C2B582E9910F846EDA46**

| | | | |
|--|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) MANN, TRACEY, ROBERT, , | | <input type="checkbox"/> Memo Item | Election: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | ZIP Code 67402-1084 | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|--------------------------------------|------------------------------------|--|
| Original Amount of Loan 100000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 100000.00 |
|--------------------------------------|------------------------------------|--|

| | | | | |
|--------------|---------------------------------------|--------------------------------|--|---|
| TERMS | Date Incurred M 07 / D 13 / Y 2010 | Date Due M M / D D / Y NONE | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|--------------------------------|--|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|--------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

| | |
|---|-----------|
| SUBTOTALS This Period This Page (optional).....▶ | 100000.00 |
| TOTALS This Period (last page in this line only).....▶ | |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **MANN FOR CONGRESS** Transaction ID : **CACE612CE846445C0B9B**

| | | | |
|--|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) MANN, TRACEY, ROBERT, , | | <input type="checkbox"/> Memo Item | Election: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | ZIP Code 67402-1084 | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|-----------------------------------|------------------------------------|---|
| Original Amount of Loan 200.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 200.00 |
|-----------------------------------|------------------------------------|---|

| | | | | |
|--------------|---|----------------------------------|--|---|
| TERMS | Date Incurred M 09 / D 09 / Y 2019 Y | Date Due M M / D D / Y NONE Y | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---|----------------------------------|--|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|--------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

| | |
|---|-----------|
| SUBTOTALS This Period This Page (optional).....▶ | 200.00 |
| TOTALS This Period (last page in this line only).....▶ | 102700.00 |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): PO BOX RENTAL- TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|---------------------------------------|--|
| Outstanding Balance Beginning This Period 44.00 | Transaction ID : D2E6BAF9871A1453D8BF | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 44.00 |

| | | | |
|--|-------------|------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): CANDIDATE'S CAMPAIGN CELL PHONE - TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|---------------------------------------|---|
| Outstanding Balance Beginning This Period 283.87 | Transaction ID : D5CDFDB697A784E0597B | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 283.87 |

| | | | |
|--|-------------|------------------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): WEBSITE PRODUCTION - TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|---------------------------------------|--|
| Outstanding Balance Beginning This Period 2050.00 | Transaction ID : D254BB99CF53344D7900 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 2050.00 |

| | | |
|--|---|---------|
| 1) SUBTOTALS This Period This Page (optional) | ▶ | 2377.87 |
| 2) TOTALS This Period (last page this line number only) | ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 86 OF 156 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): PHOTOS FOR CAMPAIGN WEBSITE - TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|---------------------------------------|---|
| Outstanding Balance Beginning This Period 800.00 | Transaction ID : D60F37C2D9C2944B0949 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 800.00 |

| | | | |
|--|-------------|------------------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): URLS FOR WEBSITE - TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|---------------------------------------|---|
| Outstanding Balance Beginning This Period 418.73 | Transaction ID : DFB91A88084EE42BE9F6 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 418.73 |

| | | | |
|--|-------------|------------------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): STOCK IMAGES FOR WEBSITE - TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|---------------------------------------|--|
| Outstanding Balance Beginning This Period 35.00 | Transaction ID : D10E4590B19DD4AAB9B3 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 35.00 |

| | | |
|--|---|---------|
| 1) SUBTOTALS This Period This Page (optional) | ▶ | 1253.73 |
| 2) TOTALS This Period (last page this line number only) | ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 87 OF 156 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|--------------------|-------------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): SERVICE FOR CAMPAIGN PHONE - TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | | |
|--|------------------------------------|--|--|
| Outstanding Balance Beginning This Period 148.98 | | Transaction ID : D131AB75D05A747C8A6B | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 148.98 | |

| | | | |
|--|--------------------|-------------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): CELLPHONE FOR PRIMARY CAMPAIGN PHONE - TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | | |
|--|------------------------------------|--|--|
| Outstanding Balance Beginning This Period 274.63 | | Transaction ID : D5347D73D60B344CAA8B | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 274.63 | |

| | | | |
|--|--------------------|-------------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): SHIPPING DATA TO WEB DEVELOPER FOR WEBSITE - TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | | |
|---|------------------------------------|---|--|
| Outstanding Balance Beginning This Period 45.31 | | Transaction ID : D32A1661A199E4B46B42 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 45.31 | |

| | |
|--|---------------|
| 1) SUBTOTALS This Period This Page (optional) | 468.92 |
| 2) TOTALS This Period (last page this line number only) | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): CAMPAIGN PHONE CHARGES - TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="253.79"/> | Transaction ID : D8F2CE36BEA3F496A84E | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="253.79"/> |

| | | | |
|--|-------------|------------------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): PRINTED CAMPAIGN MATERIALS - TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="519.86"/> | Transaction ID : DC2583C5DFEFA4C6580A | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="519.86"/> |

| | | | |
|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): WEBSITE HOSTING - TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="167.40"/> | Transaction ID : D186CA21241EE4A08A3D | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="167.40"/> |

| | |
|--|-------------------------------------|
| 1) SUBTOTALS This Period This Page (optional) | <input type="text" value="941.05"/> |
| 2) TOTALS This Period (last page this line number only) | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/> |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 89 OF 156 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): PRINTED MATERIALS - TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="176.63"/> | Transaction ID : D09C56F8429854392B2C | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="176.63"/> |

| | | | |
|--|-------------|------------------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): FAX LINE - TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="125.57"/> | Transaction ID : DAF5F8D4A75A7439C9EE | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="125.57"/> |

| | | | |
|--|-------------|------------------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): TRAVEL EXPENSES- TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="238.78"/> | Transaction ID : DE028D1A437B74B7B8BB | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="238.78"/> |

| | |
|--|-------------------------------------|
| 1) SUBTOTALS This Period This Page (optional) | <input type="text" value="540.98"/> |
| 2) TOTALS This Period (last page this line number only) | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/> |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 90 OF 156 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): CONSTANT CONTACT EMAIL SUPPORT FEE - TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | | |
|--|-----------------------------|--|--|
| Outstanding Balance Beginning This Period 81.00 | | Transaction ID : D54EFD6BD2DFB4BD4980 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 81.00 | |

| | | | |
|--|-------------|------------------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): CAMPAIGN PHONE CHARGES - TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | | |
|---|-----------------------------|---|--|
| Outstanding Balance Beginning This Period 313.27 | | Transaction ID : D06D82C6D22D3431C9C7 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 313.27 | |

| | | | |
|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): PRINTED MATERIALS - TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | | |
|---|-----------------------------|---|--|
| Outstanding Balance Beginning This Period 804.54 | | Transaction ID : D2630561BAEB04A86811 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 804.54 | |

| | | |
|--|---|---------|
| 1) SUBTOTALS This Period This Page (optional) | ▶ | 8198.81 |
| 2) TOTALS This Period (last page this line number only) | ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): POSTAGE - TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|---------------------------------------|---|
| Outstanding Balance Beginning This Period 504.00 | Transaction ID : DE2C914E975354573A5C | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 504.00 |

| | | | |
|--|-------------|------------------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): FAX PHONE LINE - TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|---------------------------------------|--|
| Outstanding Balance Beginning This Period 21.77 | Transaction ID : D67A05D8C08EF445AAFb | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 21.77 |

| | | | |
|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): PRINTED MATERIALS - TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|---------------------------------------|---|
| Outstanding Balance Beginning This Period 101.84 | Transaction ID : D75F2D07EBBEE443BB73 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 101.84 |

| | |
|--|--------|
| 1) SUBTOTALS This Period This Page (optional) | 627.61 |
| 2) TOTALS This Period (last page this line number only) | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): CAMPAIGN PHONES - TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|---------------------------------------|---|
| Outstanding Balance Beginning This Period 283.57 | Transaction ID : DB59E9F964BD7426092E | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 283.57 |

| | | | |
|--|-------------|------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): PRINTED MATERIALS - TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|---------------------------------------|---|
| Outstanding Balance Beginning This Period 455.60 | Transaction ID : D312FDC958D6746A7AD4 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 455.60 |

| | | | |
|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): PHONE CHARGES - TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|---------------------------------------|---|
| Outstanding Balance Beginning This Period 283.57 | Transaction ID : DA9DE9BA04DDC4DBF988 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 283.57 |

| | | |
|--|---|---------|
| 1) SUBTOTALS This Period This Page (optional) | ▶ | 1022.74 |
| 2) TOTALS This Period (last page this line number only) | ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 93 OF 156 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): FAX LINE - TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | | |
|---|-----------------------------|---|--|
| Outstanding Balance Beginning This Period 159.46 | | Transaction ID : DEB173BCEA90A4187AD7 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 159.46 | |

| | | | |
|--|-------------|------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): FUNDRAISER FOOD - TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | | |
|---|-----------------------------|---|--|
| Outstanding Balance Beginning This Period 248.34 | | Transaction ID : D20EA9BC839A9456582D | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 248.34 | |

| | | | |
|--|-------------|------------------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): BUMPER STICKERS- TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | | |
|---|-----------------------------|---|--|
| Outstanding Balance Beginning This Period 491.32 | | Transaction ID : D3A81952D1875481391B | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 491.32 | |

| | | |
|--|---|--------|
| 1) SUBTOTALS This Period This Page (optional) | ▶ | 899.12 |
| 2) TOTALS This Period (last page this line number only) | ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): GAS - TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | | |
|--|-----------------------------|--|--|
| Outstanding Balance Beginning This Period 47.86 | | Transaction ID : D372935A0967243D98C4 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 47.86 | |

| | | | |
|--|-------------|------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): PARADE SIGNAGE EQUIPMENT- TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | | |
|--|-----------------------------|--|--|
| Outstanding Balance Beginning This Period 19.58 | | Transaction ID : DA88B5F5372424636A1E | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 19.58 | |

| | | | |
|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): PARADE SIGNAGE EQUIPMENT- TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | | |
|---|-----------------------------|---|--|
| Outstanding Balance Beginning This Period 9.77 | | Transaction ID : D3CBA70981F9C45D9A50 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 9.77 | |

| | | |
|--|---|-------|
| 1) SUBTOTALS This Period This Page (optional) | ▶ | 77.21 |
| 2) TOTALS This Period (last page this line number only) | ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):
GAS- TO BE REIMBURSED

Mailing Address PO BOX 1084

| | | |
|----------------|-------------|------------------------|
| City SALINA | State KS | Zip Code 67402-1084 |
|----------------|-------------|------------------------|

| | | |
|--|---------------------------------------|--|
| Outstanding Balance Beginning This Period 40.89 | Transaction ID : DA73A00E72E0C43C0A9F | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 40.89 |

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):
GAS- TO BE REIMBURSED

Mailing Address PO BOX 1084

| | | |
|----------------|-------------|------------------------|
| City SALINA | State KS | Zip Code 67402-1084 |
|----------------|-------------|------------------------|

| | | |
|--|---------------------------------------|--|
| Outstanding Balance Beginning This Period 41.10 | Transaction ID : D6F6CA9CF12804AD4902 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 41.10 |

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):
CAMPAIGN PHONES- TO BE REIMBURSED

Mailing Address PO BOX 1084

| | | |
|----------------|-------------|------------------------|
| City SALINA | State KS | Zip Code 67402-1084 |
|----------------|-------------|------------------------|

| | | |
|---|---------------------------------------|---|
| Outstanding Balance Beginning This Period 285.04 | Transaction ID : D5B7CDDA52F9242D7AFB | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 285.04 |

| | | |
|--|---|--------|
| 1) SUBTOTALS This Period This Page (optional) | ▶ | 367.03 |
| 2) TOTALS This Period (last page this line number only) | ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): FAX LINE- TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period 21.62 | Transaction ID : D7A11462C5E854391AA6 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 21.62 |

| | | | |
|--|-------------|------------------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): INK- TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period 160.78 | Transaction ID : DF7C0DABF70A741CDB01 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 160.78 |

| | | | |
|--|-------------|------------------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): GAS- TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period 25.00 | Transaction ID : DA3CADFFF7E414D2BBFA | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 25.00 |

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|--|---|--------|
| 1) SUBTOTALS This Period This Page (optional) | ▶ | 207.40 |
| 2) TOTALS This Period (last page this line number only) | ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): CAMPAIGN PHONES- TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|---------------------------------------|---|
| Outstanding Balance Beginning This Period 285.04 | Transaction ID : DD7CC7E2A605149EBA82 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 285.04 |

| | | | |
|--|-------------|------------------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): POSTAGE- TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|---------------------------------------|---|
| Outstanding Balance Beginning This Period 836.00 | Transaction ID : D8D36E893B096438F825 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 836.00 |

| | | | |
|--|-------------|------------------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): LETTERHEAD, ENVELOPES- TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|---------------------------------------|--|
| Outstanding Balance Beginning This Period 1229.58 | Transaction ID : D51B16AF95AA04DA5A2E | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 1229.58 |

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|--|---------|
| 1) SUBTOTALS This Period This Page (optional) | 2350.62 |
| 2) TOTALS This Period (last page this line number only) | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): EVENT TABLE CLOTH- TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="277.90"/> | Transaction ID : D85A6E8AAB435496CA41 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="277.90"/> |

| | | | |
|--|-------------|------------------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): EVENT PROMOTIONAL MATERIALS- TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="278.50"/> | Transaction ID : D627BB903B5844D0DA39 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="278.50"/> |

| | | | |
|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): T-SHIRTS- TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="702.85"/> | Transaction ID : DA35175AB42EC4D03A45 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="702.85"/> |

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|--|--------------------------------------|
| 1) SUBTOTALS This Period This Page (optional) | <input type="text" value="1259.25"/> |
| 2) TOTALS This Period (last page this line number only) | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/> |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|--------------------|-------------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): BUMPER STICKERS- TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period 1808.29 | Transaction ID : D57D0B48C2C3C457F8C1 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 1808.29 |

| | | | |
|--|--------------------|-------------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): POSTAGE- TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period 132.00 | Transaction ID : DE58B93E375124D3D808 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 132.00 |

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|--|--------------------|-------------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): INK- TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period 51.03 | Transaction ID : D94AB9386E83B4014915 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 51.03 |

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|--|----------------|
| 1) SUBTOTALS This Period This Page (optional) | 1991.32 |
| 2) TOTALS This Period (last page this line number only) | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): CAMPAIGN PHONES- TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | | |
|---|-----------------------------|---|--|
| Outstanding Balance Beginning This Period 285.04 | | Transaction ID : DBEFD8AADCC6C481F84C | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 285.04 | |

| | | | |
|--|-------------|------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): CAMPAIGN PHONES- TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | | |
|---|-----------------------------|---|--|
| Outstanding Balance Beginning This Period 284.50 | | Transaction ID : DF653D89D7D7C4F549AE | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 284.50 | |

| | | | |
|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): GAS- TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

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|--|-----------------------------|--|--|
| Outstanding Balance Beginning This Period 56.74 | | Transaction ID : DA6E11354E9024032B0F | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 56.74 | |

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|--|---|--------|
| 1) SUBTOTALS This Period This Page (optional) | ▶ | 626.28 |
| 2) TOTALS This Period (last page this line number only) | ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): HOTEL- TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|---------------------------------------|--|
| Outstanding Balance Beginning This Period 99.48 | Transaction ID : D76D3C562E8204138948 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 99.48 |

| | | | |
|--|-------------|------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): GAS- TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|---------------------------------------|--|
| Outstanding Balance Beginning This Period 47.00 | Transaction ID : D289C6E276640448FAFD | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 47.00 |

| | | | |
|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): GAS- TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|---------------------------------------|--|
| Outstanding Balance Beginning This Period 31.06 | Transaction ID : D755BD1AA014245CBAD0 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 31.06 |

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|--|---|--------|
| 1) SUBTOTALS This Period This Page (optional) | ▶ | 177.54 |
| 2) TOTALS This Period (last page this line number only) | ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): GAS- TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="56.73"/> | Transaction ID : D19FBC05295974C0EA93 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="56.73"/> |

| | | | |
|--|-------------|------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): POSTAGE- TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="1144.00"/> | Transaction ID : DBC6E18F3FA224F8299A | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="1144.00"/> |

| | | | |
|--|-------------|------------------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): COPY PAPER- TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="28.92"/> | Transaction ID : D63CA6BE7540443CF8DB | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="28.92"/> |

| | |
|--|--------------------------------------|
| 1) SUBTOTALS This Period This Page (optional) | <input type="text" value="1229.65"/> |
| 2) TOTALS This Period (last page this line number only) | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/> |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): CAMPAIGN PHONES- TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|---------------------------------------|---|
| Outstanding Balance Beginning This Period 266.61 | Transaction ID : DD5409165F5024D47BBC | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 266.61 |

| | | | |
|--|-------------|------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): CAMPAIGN PHONES SERVICE, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|---------------------------------------|---|
| Outstanding Balance Beginning This Period 266.61 | Transaction ID : DC7F490CEDBA343D2A7A | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 266.61 |

| | | | |
|--|-------------|------------------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN FOR CONGRESS | | | Nature of Debt (Purpose): SHIPPING- TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|---------------------------------------|--|
| Outstanding Balance Beginning This Period 20.90 | Transaction ID : DF8846C3B882E468EBC4 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 20.90 |

| | |
|--|--------|
| 1) SUBTOTALS This Period This Page (optional) | 554.12 |
| 2) TOTALS This Period (last page this line number only) | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): EMAIL SERVICE, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="36.86"/> | Transaction ID : D816549A65E6A4249A81 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="36.86"/> |

| | | | |
|--|-------------|------------------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): FAX LINE- TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="21.62"/> | Transaction ID : D65FFD3A9932B4CEE86D | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="21.62"/> |

| | | | |
|--|-------------|------------------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): HOTEL- TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="99.25"/> | Transaction ID : D0A42DC86B7F249D89E7 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="99.25"/> |

| | |
|--|-------------------------------------|
| 1) SUBTOTALS This Period This Page (optional) | <input type="text" value="157.73"/> |
| 2) TOTALS This Period (last page this line number only) | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/> |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): GAS, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|---------------------------------------|--|
| Outstanding Balance Beginning This Period 35.00 | Transaction ID : DCA784B49B6FD4B42BA3 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 35.00 |

| | | | |
|--|-------------|------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): GAS, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|---------------------------------------|--|
| Outstanding Balance Beginning This Period 57.80 | Transaction ID : DC334393B2C964320822 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 57.80 |

| | | | |
|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): HOTEL, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|---------------------------------------|--|
| Outstanding Balance Beginning This Period 75.42 | Transaction ID : D005A73AE523D49F88A4 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 75.42 |

| | | |
|--|---|--------|
| 1) SUBTOTALS This Period This Page (optional) | ▶ | 168.22 |
| 2) TOTALS This Period (last page this line number only) | ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): CAMPAIGN PHONES SERVICE, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="267.07"/> | Transaction ID : DEA302847C2364A40AD7 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="267.07"/> |

| | | | |
|--|-------------|------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): GAS, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="40.25"/> | Transaction ID : D87D181A6C014443B839 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="40.25"/> |

| | | | |
|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): GAS, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="19.86"/> | Transaction ID : D96504CB1E0FD4052B14 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="19.86"/> |

| | |
|--|-------------------------------------|
| 1) SUBTOTALS This Period This Page (optional) | <input type="text" value="327.18"/> |
| 2) TOTALS This Period (last page this line number only) | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/> |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 107 OF 156 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): CAMPAIGN MANAGER COMMUNICATIONS SERVICE, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="176.41"/> | Transaction ID : DAED25CB0D2C4022834 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="176.41"/> |

| | | | |
|--|-------------|------------------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): FOOD FOR KS DAYS RECEPTION, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="27.34"/> | Transaction ID : D5E3A540531B94248ADB | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="27.34"/> |

| | | | |
|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): GAS, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="53.11"/> | Transaction ID : D7534E64A796340C19B5 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="53.11"/> |

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|--|-------------------------------------|
| 1) SUBTOTALS This Period This Page (optional) | <input type="text" value="256.86"/> |
| 2) TOTALS This Period (last page this line number only) | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/> |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): HOTEL, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="136.73"/> | Transaction ID : D7711D300ED43456A978 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="136.73"/> |

| | | | |
|--|-------------|------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): AIRFARE, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="500.58"/> | Transaction ID : DEB65F9734AE7493FADC | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="500.58"/> |

| | | | |
|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): POSTAGE, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="44.00"/> | Transaction ID : D8623C55DE0F64B3F944 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="44.00"/> |

| | |
|--|-------------------------------------|
| 1) SUBTOTALS This Period This Page (optional) | <input type="text" value="681.31"/> |
| 2) TOTALS This Period (last page this line number only) | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/> |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): HOTEL, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="71.40"/> | Transaction ID : D06AE423C889042AF993 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="71.40"/> |

| | | | |
|--|-------------|------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): GAS, TO BE REIMBURSED. SEE SCHED. D. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="41.00"/> | Transaction ID : D8BDAC064C429416587A | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="41.00"/> |

| | | | |
|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): GAS, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="55.00"/> | Transaction ID : DC141B049ABAB4E30A16 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="55.00"/> |

| | |
|--|-------------------------------------|
| 1) SUBTOTALS This Period This Page (optional) | <input type="text" value="167.40"/> |
| 2) TOTALS This Period (last page this line number only) | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/> |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): HOTEL, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|---------------------------------------|--|
| Outstanding Balance Beginning This Period 84.32 | Transaction ID : D4AFB6A2DAD8E4F5695F | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 84.32 |

| | | | |
|--|-------------|------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): GAS, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|---------------------------------------|--|
| Outstanding Balance Beginning This Period 21.01 | Transaction ID : D3ED9EC8A20034111915 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 21.01 |

| | | | |
|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): HOTEL, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|---------------------------------------|--|
| Outstanding Balance Beginning This Period 90.02 | Transaction ID : D735BBFB1D60C412382F | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 90.02 |

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|--|---|--------|
| 1) SUBTOTALS This Period This Page (optional) | ▶ | 195.35 |
| 2) TOTALS This Period (last page this line number only) | ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): WIRELESS ROUTER, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="53.57"/> | Transaction ID : D2B69129639EA44C0836 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="53.57"/> |

| | | | |
|--|-------------|------------------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): FAX LINE, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="21.62"/> | Transaction ID : D9465FFF445F14D58944 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="21.62"/> |

| | | | |
|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): CAMPAIGN PHONES SERVICE, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="267.07"/> | Transaction ID : DAF17A2281AA84335A80 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="267.07"/> |

| | |
|--|-------------------------------------|
| 1) SUBTOTALS This Period This Page (optional) | <input type="text" value="342.26"/> |
| 2) TOTALS This Period (last page this line number only) | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/> |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): FUNDRAISER INVITATIONS, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="218.69"/> | Transaction ID : DC5DFDE364E7C415680C | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="218.69"/> |

| | | | |
|--|-------------|------------------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): TONER, MAILING AND OFFICE SUPPLIES, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="227.73"/> | Transaction ID : DFA15AC7547E641E4A40 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="227.73"/> |

| | | | |
|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): POSTAGE, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="1488.00"/> | Transaction ID : DD4F71D76B6614AE4AE1 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="1488.00"/> |

| | |
|--|--------------------------------------|
| 1) SUBTOTALS This Period This Page (optional) | <input type="text" value="1934.42"/> |
| 2) TOTALS This Period (last page this line number only) | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/> |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 113 OF 156 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): AIRFARE, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | | |
|---|-----------------------------|---|--|
| Outstanding Balance Beginning This Period 154.70 | | Transaction ID : DE9FF2B114E824086843 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 154.70 | |

| | | | |
|--|-------------|------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): CAMPAIGN MANAGER COMMUNICATIONS SERVICE, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | | |
|---|-----------------------------|---|--|
| Outstanding Balance Beginning This Period 137.79 | | Transaction ID : DD2FAE09F50AF43B4B43 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 137.79 | |

| | | | |
|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): AIRFARE, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | | |
|---|-----------------------------|---|--|
| Outstanding Balance Beginning This Period 154.70 | | Transaction ID : D38DB14A229A743A4BE4 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 154.70 | |

| | | |
|--|---|--------|
| 1) SUBTOTALS This Period This Page (optional) | ▶ | 447.19 |
| 2) TOTALS This Period (last page this line number only) | ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): OFFICE MAP BOARD, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="17.13"/> | Transaction ID : D1C35A75EE8D14719A17 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="17.13"/> |

| | | | |
|--|-------------|------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): OFFICE BINDERS AND TAPE, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="17.35"/> | Transaction ID : DB05B0C3CAFE44721BD2 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="17.35"/> |

| | | | |
|--|-------------|------------------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): FAX LINE, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="21.62"/> | Transaction ID : DF6A338319C8843129F9 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="21.62"/> |

| | |
|--|------------------------------------|
| 1) SUBTOTALS This Period This Page (optional) | <input type="text" value="56.10"/> |
| 2) TOTALS This Period (last page this line number only) | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/> |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): CAR RENTAL, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | | |
|--|-----------------------------|--|--|
| Outstanding Balance Beginning This Period 96.52 | | Transaction ID : D9E3507B5A1B9428C9B0 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 96.52 | |

| | | | |
|--|-------------|------------------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): LETTER TRAYS, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | | |
|--|-----------------------------|--|--|
| Outstanding Balance Beginning This Period 25.71 | | Transaction ID : D264BF2AE7BC64733925 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 25.71 | |

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|--|-------------|------------------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): DRY ERASE SUPPLIES, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

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|--|-----------------------------|--|--|
| Outstanding Balance Beginning This Period 17.99 | | Transaction ID : D467A558EA97F42C19B9 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 17.99 | |

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|--|---|--------|
| 1) SUBTOTALS This Period This Page (optional) | ▶ | 140.22 |
| 2) TOTALS This Period (last page this line number only) | ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): PHOTO TRANSFER TO DVD, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | | |
|--|-----------------------------|--|--|
| Outstanding Balance Beginning This Period 13.94 | | Transaction ID : DEA1739EA9F074E8CADC | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 13.94 | |

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|--|-------------|------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): OFFICE SUPPLIES, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | | |
|---|-----------------------------|---|--|
| Outstanding Balance Beginning This Period 9.32 | | Transaction ID : D8CE145C1717243E08D6 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 9.32 | |

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|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): CAMPAIGN PHONES SERVICE, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | | |
|---|-----------------------------|---|--|
| Outstanding Balance Beginning This Period 267.07 | | Transaction ID : DA4A4A0144E434A2189C | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 267.07 | |

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|--|---|--------|
| 1) SUBTOTALS This Period This Page (optional) | ▶ | 290.33 |
| 2) TOTALS This Period (last page this line number only) | ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 117 OF 156 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): TONER AND OFFICE SUPPLIES, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="62.10"/> | Transaction ID : D004A6AEB9BD648708C2 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="62.10"/> |

| | | | |
|--|-------------|------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): TONER, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="99.68"/> | Transaction ID : DD2982AE2B97B49549AE | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="99.68"/> |

| | | | |
|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): TONER, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="68.59"/> | Transaction ID : DA20A5B5247D3412E9A2 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="68.59"/> |

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|--|-------------------------------------|
| 1) SUBTOTALS This Period This Page (optional) | <input type="text" value="230.37"/> |
| 2) TOTALS This Period (last page this line number only) | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/> |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): CAMPAIGN HEADQUARTERS OFFICE SUPPLIES, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|---------------------------------------|--|
| Outstanding Balance Beginning This Period 13.76 | Transaction ID : D1F92CCF38C8F496FB0D | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 13.76 |

| | | | |
|--|-------------|------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): GAS, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|---------------------------------------|--|
| Outstanding Balance Beginning This Period 30.57 | Transaction ID : D634990D0B9A34E8CA7F | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 30.57 |

| | | | |
|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): POSTAGE, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|---------------------------------------|--|
| Outstanding Balance Beginning This Period 19.10 | Transaction ID : D97EBA36620414C7284A | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 19.10 |

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|--|---|-------|
| 1) SUBTOTALS This Period This Page (optional) | ▶ | 63.43 |
| 2) TOTALS This Period (last page this line number only) | ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 119 OF 156 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): FOOD FOR ROLL OUT TOUR, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|---------------------------------------|---|
| Outstanding Balance Beginning This Period 213.34 | Transaction ID : DE14E43FE0AA8429C83D | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 213.34 |

| | | | |
|--|-------------|------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): GAS, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|---------------------------------------|--|
| Outstanding Balance Beginning This Period 50.90 | Transaction ID : D5016D6562C64479383A | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 50.90 |

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|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): GAS, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|---------------------------------------|--|
| Outstanding Balance Beginning This Period 25.00 | Transaction ID : D53A9814A14D34F8F8E5 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 25.00 |

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|--|---|--------|
| 1) SUBTOTALS This Period This Page (optional) | ▶ | 289.24 |
| 2) TOTALS This Period (last page this line number only) | ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): FOOD FOR TOUR, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | | |
|--|-----------------------------|--|--|
| Outstanding Balance Beginning This Period 87.78 | | Transaction ID : D29B970E7A404476BAAD | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 87.78 | |

| | | | |
|--|-------------|------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): FOOD FOR ROLLOUT TOUR, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

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|--|-----------------------------|--|--|
| Outstanding Balance Beginning This Period 89.91 | | Transaction ID : D55B7585FF9794307928 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 89.91 | |

| | | | |
|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): FOOD FOR ROLLOUT TOUR, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | | |
|--|-----------------------------|--|--|
| Outstanding Balance Beginning This Period 46.10 | | Transaction ID : D78B68F025CE84C39B5A | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 46.10 | |

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|--|---|--------|
| 1) SUBTOTALS This Period This Page (optional) | ▶ | 223.79 |
| 2) TOTALS This Period (last page this line number only) | ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): FUEL FOR ROLLOUT TOUR, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|---------------------------------------|--|
| Outstanding Balance Beginning This Period 40.00 | Transaction ID : DCB02A2163DB34295BAC | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 40.00 |

| | | | |
|--|-------------|------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): FOOD FOR ROLLOUT TOUR, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

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|---|---------------------------------------|---|
| Outstanding Balance Beginning This Period 167.35 | Transaction ID : DFA27272133C347B4A56 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 167.35 |

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|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): FUEL FOR ROLLOUT TOUR, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|---------------------------------------|--|
| Outstanding Balance Beginning This Period 35.00 | Transaction ID : DF5BB37DC057A40FAACE | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 35.00 |

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|--|--------|
| 1) SUBTOTALS This Period This Page (optional) | 242.35 |
| 2) TOTALS This Period (last page this line number only) | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): POSTAGE, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="11.40"/> | Transaction ID : D8901AB9B9F0645DAA03 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="11.40"/> |

| | | | |
|--|-------------|------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): PARKING, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

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|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="4.00"/> | Transaction ID : DFB2DBD1FBBF04277B42 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="4.00"/> |

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|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): GAS, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="60.00"/> | Transaction ID : D9FBFDB252C664DF2B91 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="60.00"/> |

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|--|------------------------------------|
| 1) SUBTOTALS This Period This Page (optional) | <input type="text" value="75.40"/> |
| 2) TOTALS This Period (last page this line number only) | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/> |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): EMAIL SERVICE, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|---------------------------------------|--|
| Outstanding Balance Beginning This Period 42.12 | Transaction ID : D8D337B7720E94E99A33 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 42.12 |

| | | | |
|--|-------------|------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): AIRLINE TICKET, TO BE REIMBURSED. SEE SCHED. D. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|---------------------------------------|---|
| Outstanding Balance Beginning This Period 561.40 | Transaction ID : DC9814364033B484DA49 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 561.40 |

| | | | |
|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): MAILERS, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|---------------------------------------|---|
| Outstanding Balance Beginning This Period 356.33 | Transaction ID : DDBB2704FAD544E2295E | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 356.33 |

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|--|---|--------|
| 1) SUBTOTALS This Period This Page (optional) | ▶ | 959.85 |
| 2) TOTALS This Period (last page this line number only) | ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 124 OF 156 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): FAX LINE, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | | |
|--|-----------------------------|--|--|
| Outstanding Balance Beginning This Period 21.62 | | Transaction ID : D293293DF5B594CB8A10 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 21.62 | |

| | | | |
|--|-------------|------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): POSTAGE, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | | |
|---|-----------------------------|---|--|
| Outstanding Balance Beginning This Period 264.00 | | Transaction ID : D5BFB7A9727984944883 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 264.00 | |

| | | | |
|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): HOTEL, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | | |
|---|-----------------------------|---|--|
| Outstanding Balance Beginning This Period 121.59 | | Transaction ID : D681B76B2BD04430FBB0 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 121.59 | |

| | | |
|--|---|--------|
| 1) SUBTOTALS This Period This Page (optional) | ▶ | 407.21 |
| 2) TOTALS This Period (last page this line number only) | ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): GAS, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|---------------------------------------|--|
| Outstanding Balance Beginning This Period 70.00 | Transaction ID : D818CB1A91E6A4B0DA9B | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 70.00 |

| | | | |
|--|-------------|------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): TONER, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|---------------------------------------|---|
| Outstanding Balance Beginning This Period 111.47 | Transaction ID : D597298833E264F92852 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 111.47 |

| | | | |
|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): ENVELOPES, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|---------------------------------------|--|
| Outstanding Balance Beginning This Period 17.15 | Transaction ID : D9C711BE16B3046F6BF1 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 17.15 |

| | | |
|--|---|--------|
| 1) SUBTOTALS This Period This Page (optional) | ▶ | 198.62 |
| 2) TOTALS This Period (last page this line number only) | ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): CAMPAIGN PHONES SERVICE, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="270.67"/> | Transaction ID : D80E7431C055944C5A9F | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="270.67"/> |

| | | | |
|--|-------------|------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): DUPLICATE CD OF PHOTO IMAGES |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="50.00"/> | Transaction ID : D62A33616E5B646D790C | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="50.00"/> |

| | | | |
|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): TONER AND PAPER, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="57.52"/> | Transaction ID : D6A816A89FAE547D9BBC | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="57.52"/> |

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|--|-------------------------------------|
| 1) SUBTOTALS This Period This Page (optional) | <input type="text" value="378.19"/> |
| 2) TOTALS This Period (last page this line number only) | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/> |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 127 OF 156 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): GAS, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|---------------------------------------|--|
| Outstanding Balance Beginning This Period 47.00 | Transaction ID : DB716DFEAFDA547E39DE | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 47.00 |

| | | | |
|--|-------------|------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): AIRLINE TICKETS, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|---------------------------------------|---|
| Outstanding Balance Beginning This Period 518.80 | Transaction ID : D4251123BE99048C3B6B | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 518.80 |

| | | | |
|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): POSTAGE, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|---------------------------------------|--|
| Outstanding Balance Beginning This Period 88.00 | Transaction ID : DF06685B5AF354EC98E7 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 88.00 |

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|--|---|--------|
| 1) SUBTOTALS This Period This Page (optional) | ▶ | 653.80 |
| 2) TOTALS This Period (last page this line number only) | ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): FAX LINE, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="21.62"/> | Transaction ID : D37AAE9DF3A934D48B3C | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="21.62"/> |

| | | | |
|--|-------------|------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): FOOD FOR TOUR, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="85.03"/> | Transaction ID : D28BB242B490746B88AD | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="85.03"/> |

| | | | |
|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): FOOD FOR TOUR, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="33.13"/> | Transaction ID : D21BDF9E010A64CD38D7 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="33.13"/> |

| | |
|--|-------------------------------------|
| 1) SUBTOTALS This Period This Page (optional) | <input type="text" value="139.78"/> |
| 2) TOTALS This Period (last page this line number only) | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/> |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): YARD SIGNS, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|---------------------------------------|--|
| Outstanding Balance Beginning This Period 2974.42 | Transaction ID : D2973EB0F4B8C436E878 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 2974.42 |

| | | | |
|--|-------------|------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): FOOD FOR TEAM LUNCH, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|---------------------------------------|--|
| Outstanding Balance Beginning This Period 64.89 | Transaction ID : D67A1D51A281243DA91D | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 64.89 |

| | | | |
|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): GAS, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|---------------------------------------|--|
| Outstanding Balance Beginning This Period 40.00 | Transaction ID : DD7D1AE919C3C4079B31 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 40.00 |

| | | |
|--|---|---------|
| 1) SUBTOTALS This Period This Page (optional) | ▶ | 3079.31 |
| 2) TOTALS This Period (last page this line number only) | ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): POSTAGE, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|---------------------------------------|--|
| Outstanding Balance Beginning This Period 44.00 | Transaction ID : D1FFC5BC03BEF4115B3C | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 44.00 |

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|--|-------------|------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): CAMPAIGN PHONES SERVICE, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

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|---|---------------------------------------|---|
| Outstanding Balance Beginning This Period 268.37 | Transaction ID : DDE8689F24F264735AA0 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 268.37 |

| | | | |
|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): GAS, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|---------------------------------------|--|
| Outstanding Balance Beginning This Period 60.14 | Transaction ID : DB6DC55550E8A4ABBAFD | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 60.14 |

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|--|--------|
| 1) SUBTOTALS This Period This Page (optional) | 372.51 |
| 2) TOTALS This Period (last page this line number only) | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): POSTAGE, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | | |
|---|-----------------------------|---|--|
| Outstanding Balance Beginning This Period 264.00 | | Transaction ID : D9561AEFE83AC48909F3 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 264.00 | |

| | | | |
|--|-------------|------------------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): INK CARTRIDGES, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

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|--|-----------------------------|--|--|
| Outstanding Balance Beginning This Period 72.20 | | Transaction ID : DF973BC8715D44BB9A83 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 72.20 | |

| | | | |
|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): GAS, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | | |
|--|-----------------------------|--|--|
| Outstanding Balance Beginning This Period 40.00 | | Transaction ID : DED6A60ECC4D24A3A8F7 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 40.00 | |

| | | |
|--|---|--------|
| 1) SUBTOTALS This Period This Page (optional) | ▶ | 376.20 |
| 2) TOTALS This Period (last page this line number only) | ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): GAS, TO BE REIMBURSED. SEE SCHED. D. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period 42.65 | Transaction ID : DF679E6D92D71457DAF0 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 42.65 |

| | | | |
|--|-------------|------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): GAS, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period 55.99 | Transaction ID : D9A9B4392E722465CB6A | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 55.99 |

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|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): HOTEL, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period 61.65 | Transaction ID : DAC23A8DA87CE4045B58 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 61.65 |

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|--|---|--------|
| 1) SUBTOTALS This Period This Page (optional) | ▶ | 160.29 |
| 2) TOTALS This Period (last page this line number only) | ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): HOTEL, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|---------------------------------------|---|
| Outstanding Balance Beginning This Period 122.82 | Transaction ID : DF089699D793740CCB5F | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 122.82 |

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|--|-------------|------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): POSTAGE, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

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|--|---------------------------------------|--|
| Outstanding Balance Beginning This Period 88.00 | Transaction ID : DC0BBF32109E94225843 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 88.00 |

| | | | |
|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): HOTEL, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|---------------------------------------|--|
| Outstanding Balance Beginning This Period 59.34 | Transaction ID : DEE9DD4E515A14B5C8BE | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 59.34 |

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|--|---|--------|
| 1) SUBTOTALS This Period This Page (optional) | ▶ | 270.16 |
| 2) TOTALS This Period (last page this line number only) | ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): GAS, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | | |
|---|--|---|--|
| Outstanding Balance Beginning This Period <input type="text" value="56.00"/> | | Transaction ID : D739DEF6C940D4978BA7 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="56.00"/> | |

| | | | |
|--|-------------|------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): GAS, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | | |
|---|--|---|--|
| Outstanding Balance Beginning This Period <input type="text" value="31.61"/> | | Transaction ID : D54E84BA2921847C29E0 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="31.61"/> | |

| | | | |
|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): GAS, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | | |
|---|--|---|--|
| Outstanding Balance Beginning This Period <input type="text" value="53.64"/> | | Transaction ID : D713DC80984334F9591C | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="53.64"/> | |

| | |
|--|-------------------------------------|
| 1) SUBTOTALS This Period This Page (optional) | <input type="text" value="141.25"/> |
| 2) TOTALS This Period (last page this line number only) | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/> |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): GAS, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|---------------------------------------|--|
| Outstanding Balance Beginning This Period 50.00 | Transaction ID : DBCE3EC13098D4EFC82E | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 50.00 |

| | | | |
|--|-------------|------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): 4X8 SIGNS, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|---------------------------------------|--|
| Outstanding Balance Beginning This Period 1325.63 | Transaction ID : D2A793527AEBD4962876 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 1325.63 |

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|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): GAS, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|---------------------------------------|--|
| Outstanding Balance Beginning This Period 46.26 | Transaction ID : D4A924BA1E30247D88B6 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 46.26 |

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|--|---|---------|
| 1) SUBTOTALS This Period This Page (optional) | ▶ | 1421.89 |
| 2) TOTALS This Period (last page this line number only) | ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): GAS, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period 53.00 | Transaction ID : D405801DE1F89404FAFB | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 53.00 |

| | | | |
|--|-------------|------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): GAS, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period 60.53 | Transaction ID : D5AFB9F0F7B4E4E79857 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 60.53 |

| | | | |
|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): GAS, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period 37.80 | Transaction ID : D2FB6FFB0DE33409D9F5 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 37.80 |

| | |
|--|--------|
| 1) SUBTOTALS This Period This Page (optional) | 151.33 |
| 2) TOTALS This Period (last page this line number only) | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 137 OF 156 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): FAX LINE, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | | |
|--|-----------------------------|--|--|
| Outstanding Balance Beginning This Period 21.62 | | Transaction ID : D8EC88519E0974E3AA7A | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 21.62 | |

| | | | |
|--|-------------|------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): GAS, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | | |
|--|-----------------------------|--|--|
| Outstanding Balance Beginning This Period 55.18 | | Transaction ID : DE961D25A4222457880C | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 55.18 | |

| | | | |
|--|-------------|------------------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): POSTAGE AND COPY PAPER, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | | |
|---|-----------------------------|---|--|
| Outstanding Balance Beginning This Period 219.10 | | Transaction ID : DE7DEF78AB7CF49CF8F8 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 219.10 | |

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|--|---|--------|
| 1) SUBTOTALS This Period This Page (optional) | ▶ | 295.90 |
| 2) TOTALS This Period (last page this line number only) | ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): YARD SIGNS, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period 2704.83 | Transaction ID : D666DCF6FB7EC4BC2842 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 2704.83 |

| | | | |
|--|-------------|------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): HOTEL, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period 124.81 | Transaction ID : D55553B4BED0946009EC | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 124.81 |

| | | | |
|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): GAS, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period 46.55 | Transaction ID : DF1DCF4ECA69242CBB7D | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 46.55 |

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|--|---|---------|
| 1) SUBTOTALS This Period This Page (optional) | ▶ | 2876.19 |
| 2) TOTALS This Period (last page this line number only) | ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): CAMPAIGN PHONES SERVICE, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="268.37"/> | Transaction ID : DF0041BF79BC54207A0F | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="268.37"/> |

| | | | |
|--|-------------|------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): GAS, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="52.04"/> | Transaction ID : D446CA1FC90274BE288B | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="52.04"/> |

| | | | |
|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): GAS, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="54.11"/> | Transaction ID : DEC1D1B1BF40743C9917 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="54.11"/> |

| | |
|--|-------------------------------------|
| 1) SUBTOTALS This Period This Page (optional) | <input type="text" value="374.52"/> |
| 2) TOTALS This Period (last page this line number only) | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/> |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | |
|--|-------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | Nature of Debt (Purpose): HOTEL, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | |
| City SALINA | State KS | Zip Code 67402-1084 |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="111.97"/> | Transaction ID : D5896967B57CE4D928B4 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="111.97"/> |

| | | |
|--|-------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | Nature of Debt (Purpose): CATERING COSTS, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | |
| City SALINA | State KS | Zip Code 67402-1084 |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="40.00"/> | Transaction ID : D30341DAB9D874F22841 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="40.00"/> |

| | | |
|--|-------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | Nature of Debt (Purpose): CATERING COSTS, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | |
| City SALINA | State KS | Zip Code 67402-1084 |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="76.25"/> | Transaction ID : DB0E01AC4DC22429D8C7 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="76.25"/> |

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|--|-------------------------------------|
| 1) SUBTOTALS This Period This Page (optional) | <input type="text" value="228.22"/> |
| 2) TOTALS This Period (last page this line number only) | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/> |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): FOOD FOR MEET AND GREET, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | | |
|--|-----------------------------|--|--|
| Outstanding Balance Beginning This Period 25.63 | | Transaction ID : D6AE8D41FC82B4E7E802 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 25.63 | |

| | | | |
|--|-------------|------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): POSTAGE, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | | |
|--|-----------------------------|--|--|
| Outstanding Balance Beginning This Period 91.02 | | Transaction ID : DD95D884F57FD4759BCC | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 91.02 | |

| | | | |
|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): GAS, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

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|--|-----------------------------|--|--|
| Outstanding Balance Beginning This Period 60.00 | | Transaction ID : DB29165D69B7A4894BA6 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 60.00 | |

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|--|---|--------|
| 1) SUBTOTALS This Period This Page (optional) | ▶ | 176.65 |
| 2) TOTALS This Period (last page this line number only) | ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): GAS, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="30.00"/> | Transaction ID : D9A5C62DCCF374FD1A0C | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="30.00"/> |

| | | | |
|--|-------------|------------------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): FAX LINE, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="21.62"/> | Transaction ID : D4580BF5CD12549DA9EF | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="21.62"/> |

| | | | |
|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): GAS, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="56.99"/> | Transaction ID : D33D2A5E5DE4343C29E7 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="56.99"/> |

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|--|-------------------------------------|
| 1) SUBTOTALS This Period This Page (optional) | <input type="text" value="108.61"/> |
| 2) TOTALS This Period (last page this line number only) | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/> |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): POSTAGE, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|---------------------------------------|---|
| Outstanding Balance Beginning This Period 880.00 | Transaction ID : D9D0473DCD4D048718A0 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 880.00 |

| | | | |
|--|-------------|------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): GAS, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|---------------------------------------|--|
| Outstanding Balance Beginning This Period 40.00 | Transaction ID : DD981198FD2564306AC1 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 40.00 |

| | | | |
|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): GAS, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|---------------------------------------|--|
| Outstanding Balance Beginning This Period 31.31 | Transaction ID : DA1F11E1D13134BB8B8A | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 31.31 |

| | |
|--|--------|
| 1) SUBTOTALS This Period This Page (optional) | 951.31 |
| 2) TOTALS This Period (last page this line number only) | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): CAMPAIGN PHONES, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|---------------------------------------|--|
| Outstanding Balance Beginning This Period 1144.89 | Transaction ID : DCFB657A9CD1944999ED | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 1144.89 |

| | | | |
|--|-------------|------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): GAS, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|---------------------------------------|--|
| Outstanding Balance Beginning This Period 34.00 | Transaction ID : D1D0265CDDB344636ACC | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 34.00 |

| | | | |
|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): GAS, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|---------------------------------------|--|
| Outstanding Balance Beginning This Period 50.00 | Transaction ID : D62675D003969459199A | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 50.00 |

| | | |
|--|---|---------|
| 1) SUBTOTALS This Period This Page (optional) | ▶ | 1228.89 |
| 2) TOTALS This Period (last page this line number only) | ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): GAS, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | | |
|--|-----------------------------|--|--|
| Outstanding Balance Beginning This Period 40.00 | | Transaction ID : D5983DC83923543EDBA6 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 40.00 | |

| | | | |
|--|-------------|------------------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): VOLUNTEER FOOD, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | | |
|--|-----------------------------|--|--|
| Outstanding Balance Beginning This Period 50.77 | | Transaction ID : D8E160D848A804A6F925 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 50.77 | |

| | | | |
|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): EVENT DECORATIONS, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | | |
|--|-----------------------------|--|--|
| Outstanding Balance Beginning This Period 38.63 | | Transaction ID : D3828E6A6A2574510853 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 38.63 | |

| | | |
|--|---|--------|
| 1) SUBTOTALS This Period This Page (optional) | ▶ | 129.40 |
| 2) TOTALS This Period (last page this line number only) | ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): EVENT DECORATIONS, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="110.95"/> | Transaction ID : D56F29DAC66104506A97 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="110.95"/> |

| | | | |
|--|-------------|------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): OFFICE PHONES, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="120.39"/> | Transaction ID : DE4F7EB0DF4D64E848F6 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="120.39"/> |

| | | | |
|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): CAMPAIGN PHONES, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="1103.10"/> | Transaction ID : D15431913668E40219A8 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="1103.10"/> |

| | |
|--|--------------------------------------|
| 1) SUBTOTALS This Period This Page (optional) | <input type="text" value="1334.44"/> |
| 2) TOTALS This Period (last page this line number only) | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/> |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): CAMPAIGN MNG APT COMMUNICATIONS PACKAGE, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period 120.62 | Transaction ID : D49AE494BAA99477895A | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 120.62 |

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|--|-------------|------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): DOMAIN NAME REGISTRATIONS, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period 405.82 | Transaction ID : D859C5F4AB282436389C | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 405.82 |

| | | | |
|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): FEC REPORTING - TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period 150.00 | Transaction ID : DB32ADF96BAE845CB89F | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 150.00 |

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|--|---|--------|
| 1) SUBTOTALS This Period This Page (optional) | ▶ | 676.44 |
| 2) TOTALS This Period (last page this line number only) | ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): FEC REPORTING - TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | | |
|---|--|---|--|
| Outstanding Balance Beginning This Period <input type="text" value="52.50"/> | | Transaction ID : DEFDBE5BBACE04A61A45 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="52.50"/> | |

| | | | |
|--|-------------|------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): FEC REPORTING - TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | | |
|--|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="135.00"/> | | Transaction ID : DB4AF03A1A2524E4EABF | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="135.00"/> | |

| | | | |
|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): FEC REPORTING - TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | | |
|--|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="105.71"/> | | Transaction ID : D6E7A8CC734DB4F19BF3 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="105.71"/> | |

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|--|-------------------------------------|
| 1) SUBTOTALS This Period This Page (optional) | <input type="text" value="293.21"/> |
| 2) TOTALS This Period (last page this line number only) | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/> |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 149 OF 156 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): FEC REPORTING - TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|---------------------------------------|---|
| Outstanding Balance Beginning This Period 100.00 | Transaction ID : DEDEC0C35E4A646138FB | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 100.00 |

| | | | |
|--|-------------|------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): FEC REPORTING - TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|---------------------------------------|--|
| Outstanding Balance Beginning This Period 75.00 | Transaction ID : DC055A926958445CEB41 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 75.00 |

| | | | |
|--|-------------|------------------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): DEPOSIT TO GENERAL ACCOUNT, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|---------------------------------------|---|
| Outstanding Balance Beginning This Period 726.89 | Transaction ID : DB42428BD335B45D8B4D | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 726.89 |

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|--|---|--------|
| 1) SUBTOTALS This Period This Page (optional) | ▶ | 901.89 |
| 2) TOTALS This Period (last page this line number only) | ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): DEPOSIT TO PRIMARY ACCOUNT, TO BE REIMBURSED. |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period 540.43 | Transaction ID : D8666DE65FA30415FB03 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 540.43 |

| | | | |
|--|-------------|------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN FOR CONGRESS | | | Nature of Debt (Purpose): FEC REPORTING - TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period 150.00 | Transaction ID : DE46E124FFEEF4BCC832 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 150.00 |

| | | | |
|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN FOR CONGRESS | | | Nature of Debt (Purpose): FEC REPORTING - TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period 75.00 | Transaction ID : DC314328C29DD4D0C8F5 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 75.00 |

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|--|--------|
| 1) SUBTOTALS This Period This Page (optional) | 765.43 |
| 2) TOTALS This Period (last page this line number only) | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): FEC FILING- TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | | |
|---|--|---|--|
| Outstanding Balance Beginning This Period <input type="text" value="75.00"/> | | Transaction ID : D80AA297EFC134CA68CB | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="75.00"/> | |

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|--|-------------|------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): FEC FILING- TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | | |
|---|--|---|--|
| Outstanding Balance Beginning This Period <input type="text" value="75.00"/> | | Transaction ID : D4C3A3A07EEEE41EDABC | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="75.00"/> | |

| | | | |
|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): FEC FILING- TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | | |
|---|--|---|--|
| Outstanding Balance Beginning This Period <input type="text" value="75.00"/> | | Transaction ID : D9DC33ADC47D146FD98E | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="75.00"/> | |

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|--|-------------------------------------|
| 1) SUBTOTALS This Period This Page (optional) | <input type="text" value="225.00"/> |
| 2) TOTALS This Period (last page this line number only) | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/> |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): FEC FILING- TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period 75.00 | Transaction ID : D9262EE2FA30F477DA04 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 75.00 |

| | | | |
|--|-------------|------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): FEC FILING- TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

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|--|--|--|
| Outstanding Balance Beginning This Period 75.00 | Transaction ID : D02775099E87F493B96C | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 75.00 |

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|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): FEC FILING BY JON DAUGHARTHY- TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period 75.00 | Transaction ID : DE96CA318E4094DAFB9D | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 75.00 |

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|--|--------|
| 1) SUBTOTALS This Period This Page (optional) | 225.00 |
| 2) TOTALS This Period (last page this line number only) | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): FEC FILING BY JON DAUGHARTHY- TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|---------------------------------------|---|
| Outstanding Balance Beginning This Period 150.00 | Transaction ID : D24CFF160DE7F4445A3F | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 150.00 |

| | | | |
|--|-------------|------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): FEC FILING BY JON DAUGHARTHY- TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

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|---|---------------------------------------|---|
| Outstanding Balance Beginning This Period 150.00 | Transaction ID : D9C8A1CC148AA4CDD8B6 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 150.00 |

| | | | |
|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): FEC FILING BY JON DAUGHARTHY- TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|---------------------------------------|---|
| Outstanding Balance Beginning This Period 150.00 | Transaction ID : D8DB11D06E4794B2D893 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 150.00 |

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|--|---|--------|
| 1) SUBTOTALS This Period This Page (optional) | ▶ | 450.00 |
| 2) TOTALS This Period (last page this line number only) | ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): FEC FILING BY JON DAUGHARTHY- TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | | |
|--|-----------------------------|--|--|
| Outstanding Balance Beginning This Period 25.00 | | Transaction ID : DA3F641D88F4C49CF9CF | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 25.00 | |

| | | | |
|--|-------------|------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): FEC FILING BY JON DAUGHARTHY- TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | | |
|---|-----------------------------|---|--|
| Outstanding Balance Beginning This Period 100.00 | | Transaction ID : D57691FC82C734A14A1F | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 100.00 | |

| | | | |
|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): FEC FILING BY JON DAUGHARTHY- TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

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|--|-----------------------------|--|--|
| Outstanding Balance Beginning This Period 75.00 | | Transaction ID : DBDCB9C9463274C73B14 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 75.00 | |

| | | |
|--|---|--------|
| 1) SUBTOTALS This Period This Page (optional) | ▶ | 200.00 |
| 2) TOTALS This Period (last page this line number only) | ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 155 OF 156 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): IN-KIND - FEC FILING BY JON DAUGHARTHY- TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="75.00"/> | Transaction ID : DECF03D28C36847DC874 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="75.00"/> |

| | | | |
|--|-------------|------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): IN-KIND - FEC FILING BY JON DAUGHARTHY- TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="75.00"/> | Transaction ID : D77C090BC2C4C45F3942 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="75.00"/> |

| | | | |
|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): IN-KIND - FEC FILING BY JON DAUGHARTHY- TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="75.00"/> | Transaction ID : DAD6059603DE449A1AA6 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="75.00"/> |

| | |
|--|-------------------------------------|
| 1) SUBTOTALS This Period This Page (optional) | <input type="text" value="225.00"/> |
| 2) TOTALS This Period (last page this line number only) | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/> |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 156 OF 156 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

| | | | |
|--|-------------|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): IN-KIND - FEC FILING BY JON DAUGHARTHY- TO BE REIMBURSED |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | | |
|--|-----------------------------|--|--|
| Outstanding Balance Beginning This Period 75.00 | | Transaction ID : DD00D4A6263C944E8BC1 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 75.00 | |

| | | | |
|--|-------------|------------------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MANN, TRACEY, ROBERT, , | | | Nature of Debt (Purpose): OFFICE SUPPLIES |
| Mailing Address PO BOX 1084 | | | |
| City SALINA | State KS | Zip Code 67402-1084 | |

| | | | |
|---|-----------------------------|---|--|
| Outstanding Balance Beginning This Period 0.00 | | Transaction ID : DFD940B30D6274545946 | |
| Amount Incurred This Period 997.21 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 997.21 | |

| | | | |
|--|-------|----------|---------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor | | | Nature of Debt (Purpose): |
| Mailing Address | | | |
| City | State | Zip Code | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Outstanding Balance at Close of This Period | |
| Amount Incurred This Period | Payment This Period | | |

| | |
|--|-----------|
| 1) SUBTOTALS This Period This Page (optional) | 1072.21 |
| 2) TOTALS This Period (last page this line number only) | 45909.10 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | 102700.00 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | 148609.10 |