PAGE 1 / 9

FEC FORM 1		_	ATEME GANIZ	_					Off	ice Use		PAGE ^	1/9
1. NAME OF COMMITTEE (ir	n full)		eck if name nanged)	-	le:If typing, te lines.	type	12F	E4M					
Kansas Re	public	an Party	<i>,</i>							1 1			
ADDRESS (number a	nd street)	PO Box 4157	7										
		Topeka CITY A	<u> </u>				KS STATE	_ <b>= A</b>	666	04-015		CODE	<u> </u>
COMMITTEE'S E-MA	AIL ADDRE	SS											
(Check if a is changed		alantks@	me.com										
		Optional Sec	cond E-Mail A ing@aristo	ddress tle.com									1
COMMITTEE'S WEB  (Check if a is changed	address	DRESS (URL) www.kansas.	.gop										
2. DATE 02			Y Y 23										
3. FEC IDENTIFIC	CATION NU	JMBER ▶	C	C00004606									
4. IS THIS STATEM	MENT	NEW (N)	OR	×	AMENDE	O (A)							
I certify that I have e	examined th	is Statement a	and to the bes	st of my kno	wledge and	belief it i	s true,	correc	t and	compl	ete.		
Type or Print Name	of Treasure	Townsend, A	Alan, , ,										
Signature of Treasure	er <i>Towns</i>	rend, Alan, , ,		[E	ectronically F	iled]	Date	03	B /	20	D /	20	23
NOTE: Submission of	false, errone		olete information GE IN INFORM							penalti	es of 5	52 U.S.	C. §30109
Office Use Only				Fe To	or further infor deral Election ( Il Free 800-424 cal 202-694-110	Commissio: -9530						<b>RM</b> 5/2012)	   

FEC Form 1	1 (Revised 03/2022)	Page <b>2</b>
. TYPE O	OF COMMITTEE:	
Candid	late Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Compleinformation below.)	ete the candidate
Name Candid	1	
Candid Party /	date Office House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	ne of didate	
Party C	Committee:	
(d) <b>x</b>	This committee is a STA (National, State PED (Demo	ocratic, dican, etc.) Party
	or substantate) committee or the	——————————————————————————————————————
Politica	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is a:
	Corporation Corporation w/o Capital Stock Lal	oor Organization
		operative
	In addition, this committee is a Lobbyist/Registrant PAC.	- F
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segre	egated fund or party
	committee. (i.e., nonconnected committee)	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
(g)	This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
(h)	This committee is a political committee with both contribution and non-contribution accounts (Hybridian accounts)	rid PAC).
	In addition, this committee is a Lobbyist/Registrant PAC.	
Joint F	undraising Representative:	
(i)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate	•
(j)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
Comi	mittees Participating in Joint Fundraiser	
1.	C	

	FEC Form 1 (Revised 0	)2/2009)			Page <b>3</b>
٧	rite or Type Committee Name	lican Darty			
6.	Kansas Repub Name of Any Connected O	IICAN PARTY rganization, Affiliated Committee, Jo	oint Fundraising Repr	esentative, or Le	eadership PAC Sponsor
	Team Estes				
	Mailian Addings	PO Box 30844			1
	Mailing Address				
		Bethesda		ı MD ı ı 2	0824-0844
		CITY ▲		L⊥ L STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization	Joint Fundraising		Leadership PAC Sponso
				,	
	Custodian of Records: Ident books and records.	ify by name, address (phone number	optional) and position of	of the person in po	ossession of committee
	Reynolds, 0	Cheryl, , ,			
	Full Name				
	Mailing Address	PO Box 4157			
		Topeka		KS 6	6604-0157
		CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼				
	Custodian of Records		Telephone nun	nber 785	_ 640 0866
	Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) assistant treasurer).	of the treasurer of the	e committee; and	the name and address of
	Full Name Townsend,	Alan, , ,			
	of Treasurer	PO Box 4157			
	Mailing Address	1 O BOX 4137			
		Topeka		KS 6	6604-0157
	Title ou Decition	CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼			, 70 <i>F</i>	1 1 201 1 2606
	Treasurer		Telephone nun	nber	_ 821 2626

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Full Name of Designated Agent	Brown, Mike, , ,		
Mailing Address	PO Box 4157		
	Topeka 	L KS	66604-0157
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
Designated Ager		number 5	316 8864
	<b>Depositories:</b> List all banks or other depositories in which the com- xes or maintains funds.	mittee deposits	funds, holds accounts, rents
Name of Bank, D	epository, etc.		
	Fidelity State Bank		
Mailing Address	600 S Kansas		
	Topeka	J KS	66603
	CITY A	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
	ChainBridge Bank		
Mailing Address	1445-A Laughlin Avenue		
	McLean	Ŭ VA □	22101
	CITY ▲	STATE ▲	ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). <b>Joint Fundraisi</b> r	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spons
TROWF VICTOR			
Mailing Address	C/O RED CURVE SOLUTIONS		<u> </u>
	138 CONANT STREET, 2ND FLOOR		
	BEVERLY	MA MA	01915
		STATE ▲	ZIP CODE ▲
	CITY ▲ d Organization	nt Fundraising Representa	
Connecter connec	d Organization Affiliated Committee		
Connecter connec	d Organization Affiliated Committee Joi		
connected Agent: Identify Appel, JA	d Organization Affiliated Committee Joi  y by name, address (phone number – optional)  AMES, , ,		
esignated Agent: Identification Appel, JA	d Organization Affiliated Committee Joint		
resignated Agent: Identify Appel, J/ Full Name Mailing Address	d Organization Affiliated Committee Joi  y by name, address (phone number – optional)  AMES, , ,  555 Metro Place North  Suite 25  Dublin	nt Fundraising Representa	Leadership PAC Sp
connected Agent: Identify Appel, JA	d Organization Affiliated Committee Joi  y by name, address (phone number – optional)  AMES, , ,  555 Metro Place North  Suite 25  Dublin  CITY	nt Fundraising Representa	Leadership PAC Sp
Connected  Pesignated Agent: Identify Appel, JA Full Name Mailing Address  TITLE OR POSITION  Canks or Other Depositor  afety deposit boxes or mail	d Organization Affiliated Committee Joint	nt Fundraising Representation of the State A  Telephone Number	Leadership PAC Sp  43017  ZIP CODE   202  - 510  - 754
Connected  Pesignated Agent: Identify Appel, JA Full Name  Mailing Address  TITLE OR POSITION  Fanks or Other Depositor  afety deposit boxes or mail  ame of Bank, Wells  Pepository, etc.	Affiliated Committee  y by name, address (phone number – optional)  AMES, , ,  555 Metro Place North  Suite 25  Dublin  CITY   Ories: List all banks or other depositories in which aintains funds.  Fargo Bank	nt Fundraising Representation of the State A  Telephone Number	Leadership PAC Sp  43017  ZIP CODE   202  - 510  - 754

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1				FEC I	D number	С
2. 🖳				FEC I	D number	С
3. 🖳				FEC I	D number	C
4. 🔟				FEC I	D number	C
	Any Connected Marshall II	Organization, Affilia	ted Committee, Joint	Fundraising Re	presentative	e, or Leadership PAC Spons
Maili	ing Address	PO Box 26141				
		Alexandria			VA	22313
Rela	tionship:		CITY A		STATE A	ZIP CODE ▲
			phone number – option	Joint Fundraisin	ng Representa	ative Leadership PAC Sp
	d Agent: Identify				ng Representa	ative Leadership PAC Sp
esignate Full Na	d Agent: Identify				ng Representa	ative Leadership PAC Sp
Designate	d Agent: Identify				ng Representa	ative Leadership PAC Sp
e <b>signate</b> Full Na	d Agent: Identify				ng Representa	ative Leadership PAC Sp
resignate Full Na Mailing	d Agent: Identify	by name, address (			ng Representa	Leadership PAC Sp

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). Joint Fundraisi	ig Participant:		
1.		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
Take Back the Ho	Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Spons
Mailing Address	PO Box 30844		
			20004 0044
	Bethesda	MD MD	20824-0844
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte		nt Fundraising Representa	ative Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	ed Organization Affiliated Committee	nt Fundraising Representa	Leadership PAC Spo
Connecte  Pesignated Agent: Identi	ed Organization Affiliated Committee	nt Fundraising Represent	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	ed Organization Affiliated Committee	nt Fundraising Representa	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	Affiliated Committee   Affiliated Committee   Y Join   To be a second of the committee   Y Join   To be a secon		
Connecte  Designated Agent: Identi  Full Name	Affiliated Committee   Join  fy by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Spo
Connected Agent: Identification of the Connected Agent: I	Affiliated Committee  Affiliated Committee  Figure 1. Join 1.		
Connected Agent: Identification of the Connected Agent: I	Affiliated Committee  Affiliated Committee  Type by name, address (phone number – optional)  CITY   CITY   CITY   pries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Connected Pesignated Agent: Identification of Bank, Depository, etc.	Affiliated Committee  Affiliated Committee  Ty by name, address (phone number – optional)  CITY  CITY  CITY  Dries: List all banks or other depositories in which aintains funds.  Bank	STATE A	ZIP CODE A

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
lame of Any Connected Laturner Victory F	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spons
Mailing Address	PO Box 67237		
	Tanaka	VC	66667 0337
	Topeka 	L KS	66667-0237
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Join  y by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Sp
		nt Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif  Full Name  Mailing Address	by by name, address (phone number – optional)  CITY		
esignated Agent: Identification Full Name	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	y by name, address (phone number – optional)  CITY   CITY   Pries: List all banks or other depositories in which aintains funds.  Bridge Bank	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1			FEC ID number	C
3.			FEC ID number	C
. 1			FEC ID number	С
4			FEC ID number	C
ame of Any Connected O	rganization, Affilia	ated Committee, Joint Fur	ndraising Representativ	ve, or Leadership PAC Spon
Mailing Address				
Relationship:		CITY ▲	STATE A	ZIP CODE ▲
Full Name				
Mailing Address				
	-	CITY A	STATE ▲	ZIP CODE ▲
TITLE OR POSITION V	7			
TITLE OR POSITION			Telephone Number	
anks or Other Depositoric	es: List all banks o	r other depositories in which		its funds, holds accounts, ren
anks or Other Depositorie affety deposit boxes or main	es: List all banks o	r other depositories in which		its funds, holds accounts, ren
anks or Other Depositorie afety deposit boxes or main ame of Bank, epository, etc.	es: List all banks o			its funds, holds accounts, ren
anks or Other Depositorical deposition boxes or main ame of Bank, epository, etc.	es: List all banks on tains funds.  Bank			its funds, holds accounts, ren