Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Vicky Hartzler for Senate PO Box 531 ADDRESS (number and street) (Check if address is changed) Harrisonville 64701-0531 MO CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS merilee@e-numerus.com (Check if address is changed) Optional Second E-Mail Address mike@spartan-strategic.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.vickyhartzler.com (Check if address is changed) DATE 05 2022 C00464602 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Huston, Bob, , , Type or Print Name of Treasurer Huston, Bob,,, [Electronically Filed] 04 05 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC F	orm 1 (Revised 02/2009)	Page 2
	COMMITTEE e Committee:	
(a) x	This committee is a principal campaign committee. (Complete the candidate information below	<i>i.</i>)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Consistent below)	mplete the candidate
Name of Candidate	information below.) Hartzler, Vicky, J, ,	
Candidate Party Affilia	tion REP Office Sought: House X Senate President	State MO District 00
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co		
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected organization is a
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	segregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fun	draising Representative:	
(g)	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	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tocommittees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
Cor	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

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Write or Type Committee N	lame	
Vicky Hartzle	r for Senate	
	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Le	adership PAC Sponsor
Hawley Show-Me S	Strong Committee	
Mailing Address	PO Box 31476	
	Saint Louis MO 63 CITY STATE	3131-0476 ZIP CODE
	ected Organization Affiliated Committee X Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the person	in possession of committee
	, Merilee, K., ,	
Full Name	2030 SW Sims Ave	
Mailing Address		
	Topeka KS 66	6604-3547
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	785 Telephone number	_ 633 0240
Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the committee; and g., assistant treasurer).	the name and address of
Full Name Hustor of Treasurer	n, Bob, , ,	
Mailing Address	23410 S Cottage Ln	
	Harrisonville MO 64	701-4344
Title or Position	CITY STATE 816	ZIP CODE
	Telephone number	- -

FEC Form 1	Revised 02/2009)	-
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes Name of Bank, Depo		urius, riolus <i>a</i> ccourits, rents
safety deposit boxes Name of Bank, Depo	or maintains funds.	
safety deposit boxes Name of Bank, Depo	or maintains funds. sitory, etc.	ulius, noius accounts, rents
safety deposit boxes Name of Bank, Depo	or maintains funds. sitory, etc. hain Bridge Bank	unus, noius accounts, rents
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safety deposit boxes Name of Bank, Depo C Mailing Address Name of Bank, Depo Fi	or maintains funds. sitory, etc. hain Bridge Bank 1445 A Laughline Ave McLean CITY STATE sitory, etc. rst Virginia Community Bank	

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

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h). Joint Fundraisi	ng Participant:								
1.					FEC ID nur	nber	С		
2.					FEC ID nur	nber	С		
3.					FEC ID nur	nber	С		
4.					FEC ID nur	nber	С		- :
ame of Any Connected	l Organization,	Affiliated Con	nmittee, Join	t Fundrais	ing Represe	ntative	, or Lea	dership PA	C Spon
Mailing Address									
									- 📖
Relationship:		CIT	- Y ▲		STA	TE 🔺		ZIP CO	DE 🛦
	ed Organization	Affiliated (ndraising Rep	resenta	tive	Leadership	PAC Sp
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esignated Agent: Identi					ndraising Rep	resenta	tive	Leadership	PAC Sp
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esignated Agent: Identi	fy by name, add	dress (phone n	number – optio	onal)					-
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