FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. KANSANS FOR MARSHALL PO BOX 1588 ADDRESS (number and street) (Check if address is changed) **GREAT BEND** 67530 KS CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address chris@electioncfo.com is changed) Optional Second E-Mail Address marshall@cc.electioncfo.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.kansansformarshall.com (Check if address is changed) DATE 2025 C00576173 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. Type or Print Name of Treasurer MARSTON, CHRIS, , MARSTON, CHRIS, , , Date 07 22 2025 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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 Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X 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. (Complete the cinformation below.)	andidate
Name of Candidate MARSHALL, ROGER, W, ,	
Candidate Party Affiliation REP Office Sought: House X Senate President	State KS District 00
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee: (d) This committee is a (National, State or subordinate) committee of the Republican, etc.	c.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected or	rganization is a:
Corporation Corporation w/o Capital Stock Labor Orga 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 segregated full committee. (i.e., nonconnected committee)	ind or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, at least one of which is an authorized committee of a federal candidate.	ore political
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.	ore political
Committees Participating in Joint Fundraiser	
1. C	

J	FEC Form 1 (Revised 0	2/2009)		Page 3
٧	Vrite or Type Committee Name			
_	KANSANS FOR			
6.		ganization, Affiliated Committee, Joint Fundraising Re	epresentative, or	Leadership PAC Sponsor
	TEAM MARSHALL II			
	Mailing Address	PO BOX 2611		
		ALEXANDRIA	VA	22313
		CITY A	STATE ▲	ZIP CODE ▲
	Relationship: Connected		sing Representative	
	neiationship. Connected	Jiganization Allillated Organization A John Fundral	sing nepresentative	Leadership FAC Spons
7.	Custodian of Records: Identi books and records.	ry by name, address (phone number optional) and position	on of the person in p	possession of committee
	HANKINS,	BRENDA, M, ,		
	Full Name			
	Mailing Address	PO BOX 26141		
		1		
		ALEXANDRIA	VA	22313-6141
	Title or Position ▼	CITY A	STATE ▲	ZIP CODE ▲
	ASSISTANT TREASURER	Telephone r	number	
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of	the committee; and	d the name and address of
	Full Name MARSTON of Treasurer	CHRIS, , ,		
		PO Box 26141		
	Mailing Address			
		Alexandria	\ VA	22313-6141
		CITY A	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	TREASURER	Telephone r	number	

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	Full Name of Designated Agent			
	Mailing Address			
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position			
		Telephone r	number]
•	Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the commess or maintains funds.	ittee deposits funds	, holds accounts, rents
	Name of Bank, D	epository, etc.		
		CHAIN BRIDGE BANK		
	Mailing Address	1445-A LAUGHLIN AVE		
		MCLEAN	VA 22	2101
		CITY ▲	STATE ▲	ZIP CODE ▲
	Name of Bank, D	epository, etc.		
		Farmers Bank & Trust NA		
	Mailing Address	1017 Harrison St		
		Great Bend	KS 67	7530
		CITY ▲	STATE ▲	ZIP CODE ▲

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

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(h). Joint Fundraisi	ing Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
-	d Organization, Affiliated Committee, Joint Fur CLASSIC COMMITTEE	draising Representative	, or Leadership PAC Sponse
Mailing Address	228 S WASHINGTON STREET	1 1 1 1 1 1 1 1	
	SUITE 115		
	Alexandria	VA	22314
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Full Name			
Mailing Address			
	1		I I-I
TITLE OR POSITION	N ▼ CITY ▲	STATE ▲	ZIP CODE ▲
TITLE OR POSITION	N ▼ CITY ▲	STATE Telephone Number	ZIP CODE A
Banks or Other Deposit safety deposit boxes or m	tories: List all banks or other depositories in which	Telephone Number	
Banks or Other Deposit safety deposit boxes or m	tories: List all banks or other depositories in which	Telephone Number	
Banks or Other Deposit safety deposit boxes or management of Bank, Depository, etc.	tories: List all banks or other depositories in which naintains funds.	Telephone Number	
Banks or Other Deposit safety deposit boxes or management of Bank, Depository, etc.	tories: List all banks or other depositories in which in a line in the last state of the state of the last state of the	Telephone Number	

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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 number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fun	draising Representative	. or Leadership PAC Spons
ONE TEAM SENAT			
Mailing Address	421 OFFICE PARK DRIVE		
B 1 11 11	MOUNTAIN BROOK	AL	35223
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Full Name			
Full Name			
		STATE A	7ID CODE A
	CITY A	STATE A	ZIP CODE A
Mailing Address	N V	STATE Telephone Number	ZIP CODE A
Mailing Address TITLE OR POSITION	ories: List all banks or other depositories in which anintains funds.	Telephone Number	
Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	pries: List all banks or other depositories in which real real real real real real real real	Telephone Number th the committee deposits	s funds, holds accounts, rent
Mailing Address TITLE OR POSITION anks or Other Deposite affety deposit boxes or mame of Bank, epository, etc.	ories: List all banks or other depositories in which paintains funds.	Telephone Number	

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

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1			
2 1 1 1 1		FEC ID number	С
۲.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
Name of Any Connected	Organization, Affiliated Committee, Joint Fund	Iraising Representativ	e, or Leadership PAC Spons
FRIENDS OF KENNE	EDY		
Mailing Adduses	3337 NORTH HULLEN ST.		
Mailing Address	SUITE 301		
	METAIRIE		70003
		LA LA	70002
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connected Designated Agent: Identify	Affiliated Committee X Join by name, address (phone number – optional)	nt Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identify			
Designated Agent: Identify			
Designated Agent: Identify Full Name			
Designated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)		
Designated Agent: Identify Full Name	by name, address (phone number – optional) CITY	STATE A	ZIP CODE A