FEC FORM 1	STATEMENT OF ORGANIZATION	PAGE 1 / 5
1. NAME OF COMMITTEE (in full)	) (Check if name Example: If typing, type over the lines.	12FE4M5
	Do Anything PAC	
	PO Box 3653	
ADDRESS (number and st	reet)	
(Check if address is changed)	2955	
	Dublin │	OH     43016       STATE ▲     ZIP CODE ▲
COMMITTEE'S E-MAIL A	ADDRESS	
(Check if address is changed)	ess rp3@henryalan.com	
	Optional Second E-Mail Address	
(Check if address is changed)	ess	
2. DATE 04	/ D D / Y Y Y Y 01 2018	
3. FEC IDENTIFICATION	ON NUMBER ► C C00674952	
4. IS THIS STATEMEN	T NEW (N) OR AMENDED (A)	)
I certify that I have exam	ined this Statement and to the best of my knowledge and belie	ef it is true, correct and complete.
Type or Print Name of Tr	easurer Phillips, Robert, , , III	
Signature of Treasurer	Phillips, Robert, , , III [Electronically Filed]	Date 04 / 02 / Y Y Y Y 04 02 2018
NOTE: Submission of false	, erroneous, or incomplete information may subject the person signi ANY CHANGE IN INFORMATION SHOULD BE REPORTED	
Office Use Only	For further informatic Federal Election Comm Toll Free 800-424-9530 Local 202-694-1100	nission FEC FURIVI I

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TYPE (	DF COMMITTEE	
Candi	date Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Com information below.)	plete the candidate
Name o Candida		
Candida Party A		State
(C)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name o Candida		
Party	Committee:	
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politic	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nected organization is a:
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint F	undraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for the committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
(	Committees Participating in Joint Fundraiser	
	1 FEC ID number C	
:	2 FEC ID number C	
;	3 FEC ID number C	
	4.	

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866

202

Telephone number

8229

Write or Type Committee Name

-

Treasurer

## Kansans Can Do Anything PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

	Mailing Address					
			CITY		STATE	ZIP CODE
	Relationship: Connected	Organization	ffiliated Committee	Joint Fundrais	ing Representative	Leadership PAC Sponsor
7.	Custodian of Records: Iden books and records.	tify by name, addre	ss (phone number	optional) and po	osition of the perso	n in possession of committee
7.	books and records.		ss (phone number	optional) and po	osition of the perso	n in possession of committee
7.	books and records.		ss (phone number	optional) and po	osition of the perso	n in possession of committee
7.	books and records. Phillips, Ro Full Name	bert, , , III	ss (phone number	optional) and pc	Disition of the perso	n in possession of committee
7.	books and records. Phillips, Ro Full Name	bert, , , III	ss (phone number	optional) and po		n in possession of committee

0	Traceurer list the name and address (phone number	antional) of the treasurer of the committee, and the name and address of

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

Full Name of Treasurer	Phillips, Robert, , , III
Mailing Address	PO Box 3653
	CITY STATE ZIP CODE
Title or Position	Telephone number     202     866     8229

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Full Name of Designated Agent																	1		1	1			I		1			_
Mailing Address																												
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									CI	ΓY								ST/	λΤΕ				ZI	> C	OD	Ε		
Title or Position																												
													Tele	eph	ione	e ni	umt	ber			_							

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Н	untington National Bank		
Mailing Address	6340 Franz Rd.		
	Dublin	OH	43017
	CITY	STATE	ZIP CODE
Name of Bank, Depo	sitory, etc.		
Mailing Address			
	CITY	STATE	ZIP CODE

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Form/Schedule: F1A Transaction ID :

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit's decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: