, SECRETARY OF THE SENATE

FEC

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STATEMENT OF

10 MAY 25 AH 11: 50

FORM 1	ORGANIZ	ATION				
			<u></u>	Office Use Only		
NAME OF COMMITTEE (in fig.).	ull) (Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	Conservation described to the second		
(Diavid) His	LEY FOR SENI	ITE (Kansasi)			
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ADDRESS (number and		S Moreno	•			
(Check if adda is changed)	-4	1913:61 Cilierre liainid itivierniure				
is changed)	KAN645 C1	, 7 , Y ,	K.5	66101-		
		CITY	STATE	ZIP CODE		
COMMITTEE'S E-MAIL	ADDRESS (Please provide only one	e-mail address)				
	HALEXFOR	SENATIE CAOIL	· to m			
(Check if ad is changed)	aress					
			5			
COMMITTEE'S WEB P	, ,	Pril A - F				
(Check if ad	dress HALEY F. D. Q.	SENATE COM				
is changed)						
2. DATE 0.5	0.106 6.11					
3. FEC IDENTIFICA	TION NUMBER		•			
4. IS THIS STATEME	NEW (N) OR	AMENDED (A)				
I certify that I have exa	amined this Statement and to the bes	st of my knowledge and belief	tit is true, correct a	and complete.		
Type or Print Name of	Treasurer UKAY SA	HEVLING	,			
Signature of Treasurer	J. Kay Show	4)	Date 05	16 2010		
NOTE: Submission of fals	se, erroneous, or incomplete information	n may subject the person signing		he penalties of 2 U.S.C. §437g.		
Office Use Only		For further Information Federal Election Commit Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)		

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	FEC FO	orm i (nevised 02/2009)	age 2
		COMMITTEE	
Car		te 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 information below.)	candidate
Nam Can	e of didate	D: 4. V. I. D. + A. C. E. Y	
	didate y Affiliat	Beautiful and the second secon	
(c)		Distri This committee supports/opposes only one candidate, and is NOT an authorized committee.	ICI
Nam Cand	e of didate		
Par	tv Cor	mmittee:	
(d)		(National, State (Democra	tic, n, etc.) Party.
Poli	tical A	Action Committee (PAC):	AMMIN at A. A. a. I ammin a market and a mar
(e)	П	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	ganization is a:
	100.00		rganization
		Membership Organization Trade Association Coopera	ative
		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 committee. (i.e., nonconnected committee)	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.)	
Join	t Fund	draising Representative:	TOTAL TOTAL STATE OF THE STATE
(g)		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.	political
(h)		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.	political
	Com	nmittees Participating in Joint Fundraiser	
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	4.	FEC ID number C	

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FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Nam	. United States Senate · Konsos	
	Organization, Affiliated Committee, Joint Fundralsing Representative, or Le	adership PAC Sponsor
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Idea books and records. 	entify by name, address (phone number optional) and position of the person	in possession of committee
Full Name JAC	QUELLIANE KAY SHEVELING	
Mailing Address	1171011 15 11012 NO STREET	
	E.D. W. A.R. D. S. V. I. C. L. E	61111-
Title or Position	CITY STATE	ZIP CODE
TREASOURER	Telephone number [9,1,3]	- <u>[4,3,3]</u> -[<u>5,3,8,3</u>]
Treasurer: List the name are any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	ne name and address of
Full Name of Treasurer LIATC	QIVIELIINE KIAYI SIMEVILIIN GIIIII	1111111
Mailing Address	1.7.9 1 S 10.2 N D STAEFT	
	EIDIWIA RIDISIVII LA EI III KIS 61 CITY STATE	6./././-L
Title or Position	- ··· -	ZIP CODE
TREASIURIEN	Telephone number $[q_{:/:3}]$	- <u>[4,2,2]</u> - <u>[5,2,8,3]</u>

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TRANSMITT, SETTRE SENATE.

10 MAY 25 AM 11: 50

KANSAS LEGISLATURE

300 SE 10th Ave. Topeka, Kansas 66612-1504

DATE: 5-18-10
Legislator Name Land Haley
Legislator Room Number Legislator Office Phone Number 2 96-7376
Contact Person Son Di Haley

TO: Office of Secretary of U.S. Senate FAX Number: (202 224-1851)
Number of Pages to Follow
Special Note: 7.E.C. Forms 142
Hard copy to follow)

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United States Senate

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