

FEC FORM 1

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE
04 JUN 17 PM 2:06

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Jones for Senate

ADDRESS (number and street)

PO BOX 15004

(Check if address is changed)

Lenexa

KS

66283-5004

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

RMAXWELL@JONESFORSENATE.US

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.JONESFORSENATE.US

COMMITTEE'S FAX NUMBER

785-232-2683

2. DATE

06 JUN 2004

3. FEC IDENTIFICATION NUMBER ▶

C

4. 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

Robert S. Maxwell

Signature of Treasurer

Robert S. Maxwell

Date

06 JUN 2004

NOTE: Falsification of this Statement, 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 RESPONDED WITHIN 10 DAYS.

Office Use Only					
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (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. (Complete the candidate information below.)

Name of Candidate Lee Jones

Candidate Party Affiliation DEM Office Sought: House Senate President State KS District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

- Type of Connected Organization:
- Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative

Write or Type Committee Name

Jones for Senate

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name Robert Maxwell

Mailing Address 900 SE Oakridge Lane

Topeka KS 66609

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 785-232-6062

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 Robert Maxwell

Mailing Address 900 SE OAKRIDGE Lane

TOPEKA KS 66609

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 785-232-6062

Full Name of Designated Agent L. Lorence Gregg

Mailing Address 4707 W. 66 Terr

Prairie Village KS 66208

Title or Position CITY STATE ZIP CODE

Assistant Treasurer Telephone number

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.

THE KAW VALLEY STATE BANK AND TRUST CO

Mailing Address

1110 N KANSAS AVE

PO BOX 8009

TOPICKA KS 66608

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

24020382283

