

FEC
FORM 1STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full) (Check if name
is changed) Example: If typing, type
over the lines.

12FE4M5

FREE STATE PAC

ADDRESS (number and street)

PO Box 118

 (Check if address
is changed)

Courtland

KS

66939-0118

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

 (Check if address
is changed)

codell@odelltax.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address
is changed)2. DATE

| | | | | | | | | | |
|----|---|---|----|---|---|----|----|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 02 | | | 01 | | | 20 | 26 | | |

3. FEC IDENTIFICATION NUMBER ►

 C C004557174. 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 Odell, Carly, A., ,

Signature of Treasurer Odell, Carly, A., ,

Date

| | | | | | | | | | |
|----|---|---|----|---|---|----|----|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 02 | | | 04 | | | 20 | 26 | | |

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
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100FEC FORM 1
(Revised 06/2012)

5. TYPE OF COMMITTEE:

Candidate 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. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought:

House

Senate

President

State

District

(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 (Democratic, Republican, etc.) Party

Political Action Committee (PAC):

(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

| | | |
|--|--|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Corporation w/o Capital Stock | <input type="checkbox"/> Labor Organization |
| <input type="checkbox"/> Membership Organization | <input type="checkbox"/> Trade Association | <input type="checkbox"/> Cooperative |
| <input type="checkbox"/> 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 fund or party committee. (i.e., nonconnected committee)

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 political committees/organizations, at least one of which is an authorized committee of a federal candidate.

(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.

2.

| | |
|---|----------------------|
| C | <input type="text"/> |
| C | <input type="text"/> |

Write or Type Committee Name

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

Red Victory 2022

Mailing Address

PO Box 183

Hudson

WI

54016-0183

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative Leadership PAC Sponsor**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

Odell, Carly, A., ,

Mailing Address

PO Box 118

Courtland

KS

66939-0118

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Custodian of Records

Telephone number

785 - 374 - 3129

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

Odell, Carly, A., ,

Mailing Address

PO Box 118

Courtland

KS

66939-0118

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

785 - 374 - 3129

Full Name of
Designated
Agent

Odell, Carly, A., ,

Mailing Address

PO Box 118

Courtland

KS

66939-0118

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Designated Agent

Telephone number

785

374

3129

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.

Astra Bank

PO Box 10

BELLEVILLE

KS

66935

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

BB&T Bank

2200 Wilson Blvd.

Arlington

VA

22201

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

| | |
|-------------------------|---------------|
| 1. <input type="text"/> | FEC ID number |
| 2. <input type="text"/> | FEC ID number |
| 3. <input type="text"/> | FEC ID number |
| 4. <input type="text"/> | FEC ID number |

| |
|------------------------|
| C <input type="text"/> |

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

Moran Victory Committee

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |

Mailing Address

PO Box 118

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|----------------------|
| <input type="text"/> |
| <input type="text"/> |

Courtland

KS

66939-0118

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)Full Name Mailing Address

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|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

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. Chain Bridge BankMailing Address 1445-A Laughlin Avenue

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

McLean

VA

22101

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

| | |
|-------------------------|---------------|
| 1. <input type="text"/> | FEC ID number |
| 2. <input type="text"/> | FEC ID number |
| 3. <input type="text"/> | FEC ID number |
| 4. <input type="text"/> | FEC ID number |

| |
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| C <input type="text"/> |

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

MOKAN VICTORY FUND

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|----------------------|
| <input type="text"/> |
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|----------------------|
| <input type="text"/> |
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Mailing Address

4741 CENTRAL ST

STE 444

KANSAS CITY

MO

64112-

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

| |
|--------------------------------|
| Full Name <input type="text"/> |
|--------------------------------|

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|--------------------------------------|
| Mailing Address <input type="text"/> |
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| <input type="text"/> |
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| <input type="text"/> |
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TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

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|----------------------|---|
| <input type="text"/> | Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/> |
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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.

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|---|
| Name of Bank, Depository, etc. <input type="text"/> |
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Intrust Bank

| |
|--------------------------------------|
| Mailing Address <input type="text"/> |
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901 Vermont

| |
|----------------------|
| <input type="text"/> |
|----------------------|

Lawrence

KS

66044

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

| | |
|-------------------------|---------------|
| 1. <input type="text"/> | FEC ID number |
| 2. <input type="text"/> | FEC ID number |
| 3. <input type="text"/> | FEC ID number |
| 4. <input type="text"/> | FEC ID number |

| |
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| C <input type="text"/> |

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

MORAN RUBIO VICTORY COMMITTEE

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| <input type="text"/> |
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| |
|----------------------|
| <input type="text"/> |
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Mailing Address

228 S. WASHINGTON ST.

STE. 115

ALEXANDRIA

VA

22314-

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

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|--------------------------------|
| Full Name <input type="text"/> |
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|--------------------------------------|
| Mailing Address <input type="text"/> |
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| <input type="text"/> |
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TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

| | |
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| <input type="text"/> | Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/> |
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| Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/> |
|---|

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. <input type="text"/> | CHAIN BRIDGE BANK |
|---|-------------------|

| | |
|--------------------------------------|---------------------|
| Mailing Address <input type="text"/> | 1445-A LAUGHLIN AVE |
|--------------------------------------|---------------------|

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| <input type="text"/> |
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| <input type="text"/> |
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| MCLEAN <input type="text"/> | VA <input type="text"/> | 22101 <input type="text"/> |
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CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1. _____
2. _____
3. _____
4. _____

FEC ID number

C

FEC ID number

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FEC ID number

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FEC ID number

C

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

Kansas First Victory Committee

Mailing Address

1305 W 11th St

213

Houston

TX

77008-

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲



Connected Organization



Affiliated Committee



Joint Fundraising Representative



Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

TITLE OR POSITION ▼

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.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲