**FEC** 

Only

### STATEMENT OF **ORGANIZATION**

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FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Kansas Republican Party PO Box 4157 ADDRESS (number and street) (Check if address is changed) Topeka 66604-0157 KS CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address alantks@me.com is changed) Optional Second E-Mail Address outsourcing@aristotle.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.kansas.gop (Check if address is changed) DATE 2023 C00004606 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 Townsend, Alan,, Townsend, Alan, , , Date 04 02 2024 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

E	EC Form 1 (Revised 03/2022)	Page 2
	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 information below.)	candidate
	Name of Candidate	
	Candidate Office Sought: House Senate President	State District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	Name of Candidate	
	Party Committee:	
	(d) X This committee is a STA (National, State or subordinate) committee of the REP (Democratic, Republican,	etc.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	I organization is a:
	Corporation Corporation w/o Capital Stock Labor Or	ganization
	Membership Organization Trade Association Cooperat	ive
	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.)	
	(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	C).
	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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1	

•	FEC Form 1 (Revised 02	2/2009)	Р	age <b>3</b>
٧	Vrite or Type Committee Name			
	Kansas Republic	an Party		
6.	Name of Any Connected Or	ganization, Affiliated Committee, Joint Fundraising	Representative, or Leadership PA	C Sponsor
	Team Estes			
	Mailing Address	PO Box 30844		
		Bethesda	MD 20824-0844	
		CITY ▲	STATE ▲ ZIP C	ODE A
	Relationship: Connected	Organization Affiliated Organization X Joint Fund	draising Representative Leaders	hip PAC Sponso
7.	Custodian of Records: Identifution books and records.	fy by name, address (phone number optional) and pos	sition of the person in possession of co	ommittee
	Reynolds, C	Cheryl, , ,		
	Full Name			
	Mailing Address	PO Box 4157		
		Topeka	KS 66604-0157	
		CITY ▲	STATE ▲ ZIP Co	ODE ▲
	Title or Position ▼			
	Custodian of Records	Telephon	ne number 785 - 640	- 0866
8.	Treasurer: List the name and any designated agent (e.g., a	l address (phone number optional) of the treasurer ssistant treasurer).	of the committee; and the name and	d address of
	Full Name Townsend,	Alan, , ,		
	of Treasurer	PO Pov 4457		
	Mailing Address	PO Box 4157		
		Topeka	KS 66604-0157	
	Title or Position ▼	CITY ▲	STATE ▲ ZIP Co	ODE ▲
	Treasurer	Telephor	ne number 785 - 821	_ 2626

FEC Form 1	(Revised 02/2009)		Page <b>4</b>
Full Name of Designated Agent [ Mailing Address	Brown, Mike, , ,  PO Box 4157  Topeka	KS	66604-0157
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
Designated Agent		number	816 - 225 - 8864
	<b>repositories:</b> List all banks or other depositories in which the comres or maintains funds.	nittee deposits	funds, holds accounts, rents
Name of Bank, De	pository, etc.		
Mailing Address	Fidelity State Bank  600 S Kansas  Topeka	KS	66603
	CITY A	STATE ▲	ZIP CODE ▲
Name of Bank, De			
	ChainBridge Bank		
Mailing Address	1445-A Laughlin Avenue		
	McLean	VA	22101
	CITY ▲	STATE ▲	ZIP CODE ▲

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

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h). <b>Joint Fundrais</b> i	•		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
		-	
TRUMP VICTORY	d Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spon
Mailing Address	C/O RED CURVE SOLUTIONS		
	138 CONANT STREET, 2ND FLOOR		
	BEVERLY	MA	01915
Relationship:	CITY A	STATE A	ZIP CODE ▲
	ed Organization Affiliated Committee X J fy by name, address (phone number – optional)	oint Fundraising Represent	tative Leadership PAC Sp
esignated Agent: Ident			Leadersnip PAC Sp
esignated Agent: Ident	fy by name, address (phone number – optional)		Leadersnip PAC Sp
esignated Agent: Ident Appel, Full Name	fy by name, address (phone number – optional)		Leadersnip PAC Sp
esignated Agent: Ident Appel, Full Name	fy by name, address (phone number – optional)  JAMES, , ,  555 Metro Place North		Leadersnip PAC Sp
esignated Agent: Ident Appel, Full Name Mailing Address	fy by name, address (phone number – optional)  JAMES, , ,  555 Metro Place North  Suite 25  Dublin		
esignated Agent: Ident Appel, Full Name	fy by name, address (phone number – optional)  JAMES, , ,  555 Metro Place North  Suite 25  Dublin	OH	43017
esignated Agent: Ident Appel, Full Name Mailing Address  TITLE OR POSITION Anks or Other Deposite afety deposit boxes or necessity.	fy by name, address (phone number – optional)  JAMES, , ,  555 Metro Place North  Suite 25  Dublin  CITY   Ories: List all banks or other depositories in wh	OH STATE ▲	43017 ZIP CODE ▲
esignated Agent: Ident Appel, Full Name Mailing Address  TITLE OR POSITION Anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	fy by name, address (phone number – optional)  JAMES, , ,  555 Metro Place North  Suite 25  Dublin  CITY   ories: List all banks or other depositories in what naintains funds.  Fargo Bank	OH STATE ▲	43017 ZIP CODE ▲

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

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h). <b>Joint Fundraisi</b>	ig i artioipanti		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spon
Team Marshall II			
Mailing Address	PO Box 26141		
	Alexandria	VA	22313
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee X Join	nt Fundraising Representa	ative Leadership PAC S
esignated Agent: Identi	Affiliated Committee X Join  Ty by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC S
esignated Agent: Identi		nt Fundraising Representa	Leadership PAC S
esignated Agent: Identi		nt Fundraising Representa	Leadership PAC S
esignated Agent: Identi		nt Fundraising Representa	Leadership PAC S
esignated Agent: Identi  Full Name  Mailing Address	by by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC S
esignated Agent: Identi	by by name, address (phone number – optional)  CITY		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of Bank, Eagle	city by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	cy by name, address (phone number – optional)  CITY   CITY   Pries: List all banks or other depositories in which aintains funds.  Bank	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	cy by name, address (phone number – optional)  CITY   CITY   Pries: List all banks or other depositories in which aintains funds.  Bank	STATE A Telephone Number	ZIP CODE A

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

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Page	OT ~	

h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
-	d Organization, Affiliated Committee, Joint Fur	ndraising Representativ	e, or Leadership PAC Spon
Take Back the Hous	e 2022		
Mailing Address	PO Box 30844		
	Bethesda	MD	20824-0844
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee X Joffy by name, address (phone number – optional)	oint Fundraising Represent	Leadership PAC Sp
		oint Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		oint Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		oint Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		oint Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	oint Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identification Full Name     Mailing Address   TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   Ories: List all banks or other depositories in which anintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which anintains funds.  Bank	STATE A Telephone Number	ZIP CODE A

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

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ected Organization, Fund PO Box 672	Affiliated Committee, Join	FEC ID FEC ID	number C number C number C number C	
Fund PO Box 672		FEC ID	number C	
Fund PO Box 672		FEC ID	number C	
Fund PO Box 672				
Fund PO Box 672		Fundraising Repo	resentative, c	r Leadership PAC Spons
Fund PO Box 672		Fundraising Repo	esentative, c	r Leadership PAC Spons
	237			
	237			
Topeka				
Topeka				
			KS	66667-0237
	CITY A		STATE A	ZIP CODE ▲
TION ▼	CITY A	S	TATE A	ZIP CODE ▲
		Telephone Nu	mber	
lo p	ITION ▼	Identify by name, address (phone number – option of the control of	Identify by name, address (phone number – optional)  CITY   S  Telephone Nu  positories: List all banks or other depositories in which the committee	Identify by name, address (phone number – optional)  CITY   STATE   Telephone Number  positories: List all banks or other depositories in which the committee deposits functions of the committee deposits functions and the committee deposits functions are considered.

# 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	С
3.		FEC ID number	C
4		FEC ID number	С
Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representativ	e, or Leadership PAC Spons
Mailing Address	441 N LEE ST		
	STE 100		
Relationship:	ALEXANDRIA  CITY	VA STATE ▲	22314 ZIP CODE <b>A</b>
			ativa DAC Car
	d Organization Affiliated Committee X Joint by by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC Spo
		Fundraising Hepresent	Leadership PAC Spo
Designated Agent: Identi		Fundraising Hepresent	Leadership PAC Spo
Designated Agent: Identi		Fundraising Hepresent	Leadership PAC Spo
Designated Agent: Identi  Full Name    Mailing Address	y by name, address (phone number – optional)	STATE A	ZIP CODE A
Designated Agent: Identi	by by name, address (phone number – optional)  CITY		
Pesignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or management of the control of the co	cy by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
Pesignated Agent: Identi  Full Name	cy by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which a aintains funds.	STATE A	ZIP CODE A