Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Kansas Conservative Fund PO Box 2485 ADDRESS (number and street) (Check if address is changed) Springfield 22152 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address info@concentricoffice.com is changed) Optional Second E-Mail Address sue.carlin@concentricoffice.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00878215 FEC IDENTIFICATION NUMBER > 3. X 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 Carlin, Robert, F, Date 05 07 2024 Signature of Treasurer Carlin, Robert, F,, 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

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	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 Office State Party Affiliation Sought: House Senate President	-				
(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 Republican, etc.) Party					
	Political Action Committee (PAC):					
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization						
	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 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) X 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. C]				

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W	Irite or Type Committee Name						
	Kansas Conserv	ative Fund					
6.	-	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor					
	NONE						
	Mailing Address						
		CITY ▲	STA	TE 🛦	ZIP CODE ▲		
	Relationship: Connected	Affiliated Organization	Joint Fundraising Rep	presentative	Leadership PAC Sponso		
7.	Custodian of Records: Identibooks and records.	tify by name, address (phone number o	optional) and position of the	person in poss	ession of committee		
	Carlin, Sue						
	Mailing Address	PO Box 2485					
		STE A-300					
		SPRINGFIELD		A 2215	52		
		CITY ▲	STA	TE 🛦	ZIP CODE ▲		
	Title or Position ▼						
	Asst Treasurer		Telephone number	703	569 - 9481		
3.	Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of assistant treasurer).	of the treasurer of the com	nmittee; and the	name and address of		
	Full Name Carlin, Rol of Treasurer	bert, F, ,			1		
	Mailing Address	PO Box 2485					
	-	Suite A-300					
		Springfield	\	/A 2215	52		
		CITY ▲	STA	TE A	ZIP CODE ▲		
	Title or Position ▼						
	Treasurer		Telephone number	703 -	549 - 9481		

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		(11001000 02/2000)		rago i			
С	Full Name of Designated	I		1			
	Agent						
N	Mailing Address						
-	Tille on Decition		STATE A	ZIP CODE ▲			
	itle or Position •						
L		Telephone numb	er				
	lanka ar Othar	Denocitorica: List all banks or other denocitorics in which the committee	deposite funde, hold	a accounts rents			
. D	afety deposit bo	Depositories: List all banks or other depositories in which the committee ses or maintains funds.	deposits funds, noid	s accounts, rents			
N	Name of Bank, Depository, etc.						
		, Truist					
		₁ 1445 New York Ave NW					
M	failing Address	4th Fir					
		Washington	DC 20005				
		CITY ▲ S	TATE ▲	ZIP CODE ▲			
_ N	lame of Bank, D	epository, etc.					
	,	., ,					
M	failing Address						
		CITY ▲ S	STATE A	ZIP CODE ▲			