

FEC
FORM 1

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE

10 APR 23 AM 10:24

Office Use Only

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

LISA FOR KANSAS

ADDRESS (number and street)

PO BOX 25752



(Check if address
is changed)

SHAWNEE MISSION

KS

66225-5752

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)



(Check if address
is changed)

kampaignelisaforkansasi.com

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address
is changed)

www.lisaforkansasi.com

2. DATE

04 / 17 / 2010

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

JANEVA D'AMICO

Signature of Treasurer

Janeva D'Amico

Date

04 / 17 / 2010

NOTE: Submission of false, erroneous, 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 REPORTED WITHIN 10 DAYS.

Office
Use
Only

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

FEC FORM 1
(Revised 02/2009)

10020321362

Write or Type Committee Name

LISA FOR KANSAS

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee 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

KYLE JOHNSTON

Mailing Address

112725 W 1126th ST

OVERLAND PARK

KS

66213

Title or Position

CITY

STATE

ZIP CODE

CAMPAIGN MANAGER

Telephone number

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

JANIEVA DIAMICO

Mailing Address

1105 Lake Road

McPherson

KS

67460

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

620

241

2353

10020321364

Full Name of Designated Agent

KYLE JOHNSTON

Mailing Address

12725 W 126th St

OVERLAND PARK

KS

66213

CITY

STATE

ZIP CODE

Title or Position

CAMPAIGN MANAGER

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.

US BANK

Mailing Address

15380 WEST 119th STREET

OLATHE

KS

66062

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

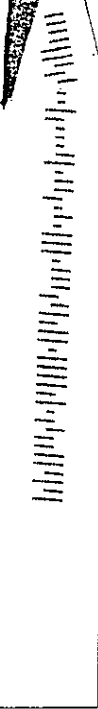
CITY

STATE

ZIP CODE

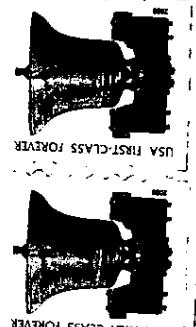
10020321365

128th St
Park, KS



SECRETARY OF THE SENATE

10 APR 23 AM 10:25



Office of Public Records
PO BOX 2517
ALEXANDRIA, VA 22301-0517

CREATED
THE SENATE
POST OFFICE

99212302001

NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS _____

UPS _____

DHL _____

AIRBORNE EXPRESS _____

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

POSTMARK ILLEGIBLE

NO POSTMARK

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER

RD

DATE PREPARED

04-23-10

10020321367

10020321368

