**FEC** 

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Nancy Boyda for Senate 1236 N 100 Rd ADDRESS (number and street) (Check if address is changed) **Baldwin City** 66006 KS CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS nancy@boydaforsenate.com (Check if address is changed) Optional Second E-Mail Address taylor@boydaforsenate.com COMMITTEE'S WEB PAGE ADDRESS (URL) nancyboydaforsenate.com (Check if address is changed) DATE 2019 C00710384 FEC IDENTIFICATION NUMBER > 3. 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. Boyda, Nancy, , , Type or Print Name of Treasurer Boyda, Nancy, , , [Electronically Filed] 06 2019 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

	EEO <b>F</b> -	rm 1 (Pavisad 02/2000)	Dogo 2
TYF		rm 1 (Revised 02/2009)  OMMITTEE	Page <b>2</b>
		e 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. (Con information below.)	nplete the candidate
	ne of ididate	Boyda, Nancy, E, ,	
	ididate sy Affiliati	on DEM Office Sought: House X Senate President	State KS District 00
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	ne of didate		
Par	rty Con	nmittee:	(Demogratic
(d)		(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a
		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 s committee. (i.e., nonconnected committee)	egregated 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.)	
Joir	nt Fund	Iraising Representative:	
(g)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t	
(h)		committees/organizations, at least one of which is an authorized committee of a federal candidate.  This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	
	Com	mittees Participating in Joint Fundraiser	
	1.		
	2.		
	3.		
	4.		

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Write or Type Committee Nan		- 0
Nancy Boyda f	or Senate	
	Organization, Affiliated Committee, Joint Fundraising Representative	, or Leadership PAC Sponsor
NOŅĘ		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connect	ed Organization Affiliated Committee Joint Fundraising Representa	ative Leadership PAC Sponsor
Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the p	erson in possession of committee
Boyda, N	lancy, , ,	
Full Name	<sub>1</sub> 1236 N 100 Rd	
Mailing Address		
	Baldwin City , KS ,	,66006
	Sudwin Sity	
Title or Position	CITY STATE	ZIP CODE
	Telephone number	785 633 - 6362
. <b>Treasurer:</b> List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee assistant treasurer).	; and the name and address of
Full Name Boyda, N	lancy, , ,	
Mailing Address	1236 N 100 Rd	
	Baldwin City  CITY  KS  STATE	66006   ZIP CODE
Title or Position		
	Telephone number	785 - 633 - 6362

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Full Name of Designated	Smith, Taylor, , ,	
Agent	10209 West 85th Street	
Mailing Address		
	Overland Park KS 66006	-
	CITY STATE ZIF	P CODE
Title or Position		7 0004
		7 - 0861
safety deposit b Name of Bank,	oxes or maintains funds.  Depository, etc.  Baldwin State Bank	accounts, rents
-	Depository, etc.  Baldwin State Bank  1721 High Street	
Name of Bank,	Depository, etc.  Baldwin State Bank  1721 High Street	
Name of Bank,	Baldwin State Bank  721 High Street  Baldwin City  KS  66006	P CODE
Name of Bank,	Depository, etc.  Baldwin State Bank  721 High Street  Baldwin City  KS  66006  CITY  STATE  ZIF	
Name of Bank,  Mailing Address	Depository, etc.  Baldwin State Bank  721 High Street  Baldwin City  KS  66006  CITY  STATE  ZIF	
Name of Bank,  Mailing Address	Depository, etc.    Baldwin State Bank	
Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.    Baldwin State Bank	
Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.    Baldwin State Bank	