Only

STATEMENT OF

PAGE 1/8

FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. FREE STATE PAC PO Box 541 ADDRESS (number and street) (Check if address is changed) Belleville 66935-0541 KS CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS t_gottschalk@gottschalkcpas.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 09 2021 C00455717 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. GOTTSCHALK, TIMOTHY, , , Type or Print Name of Treasurer GOTTSCHALK, TIMOTHY, , , [Electronically Filed] 03 29 2021 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

Local 202-694-1100

FEC For	m 1 (Revised 02/2009)	Page 2
TYPE OF CO	OMMITTEE 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. (Coninformation below.)	mplete the candidate
Name of Candidate		
Candidate Party Affiliatio	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Com		
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political Ad	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) x	This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee)	segregated 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.)	
loint Francis		
	raising Representative: This committee collects contributions, pays fundraising expenses and disburses net proceeds for	two or more political
(g)	committees/organizations, at least one of which is an authorized committee of a federal candidate	
(h)	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.	wo or more political
Comr	mittees Participating in Joint Fundraiser	
1.	FEC ID number C	
2.	FEC ID number	
3.	FEC ID number	
4		

FEC Form 1 (Revised 0	2/2009)	Page 3
Write or Type Committee Name	1.2000)	i aye y
FREE STATE P	AAC	
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	nip PAC Sponsor
Red Victory 2022		
	PO Box 183	
Mailing Address		
	Hudson WI 54016-01	83
	Tidasyii Wi Giele et	
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Lea	dership PAC Sponso
 Custodian of Records: Identification books and records. 	ify by name, address (phone number optional) and position of the person in pos	session of committee
	ALK, TIMOTHY, , ,	
Full Name	PO BOX 541	
Mailing Address		
	Belleville	541 –
Title or Position	CITY STATE	ZIP CODE
Custodian of Records		527 - 5631
B. Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and the nar ssistant treasurer).	me and address of
Full Name GOTTSCH	ALK, TIMOTHY, , ,	
of Treasurer	PO DOV.544	
Mailing Address	PO BOX 541	
	Belleville KS 66935-05	41
Title or Decition	CITY STATE 2	ZIP CODE
Title or Position Treasurer		527 - 5631

1201011	m 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	GOTTSCHALK, TIMOTHY, , ,	
Mailing Address	PO BOX 541	
	Belleville KS 669	935-0541
	CITY STATE	ZIP CODE
Title or Position Treasurer	Telephone number 785	- 527 - 5631
Banks or Other	r Depositories: List all banks or other depositories in which the committee deposits funds,	, holds accounts, rents
Name of Bank,		
	Depository, etc. Astra Bank	
-	Depository, etc. Astra Bank PO Box 10	
Name of Bank,	Depository, etc. Astra Bank PO Box 10	
Name of Bank,	Depository, etc. Astra Bank PO Box 10	935
Name of Bank,	Depository, etc. Astra Bank PO Box 10	935 ZIP CODE
Name of Bank,	Depository, etc. Astra Bank PO Box 10 BELLEVILLE KS 668	
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Astra Bank PO Box 10 BELLEVILLE KS 668 CITY STATE Depository, etc. BB&T Bank 2200 Wilson Blvd.	
Name of Bank, Mailing Address	Depository, etc. Astra Bank PO Box 10 BELLEVILLE KS 668 CITY STATE Depository, etc. BB&T Bank 2200 Wilson Blvd.	
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Astra Bank PO Box 10 BELLEVILLE CITY STATE Depository, etc. BB&T Bank 2200 Wilson Blvd.	

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

FEC Form 1S (Revised 02/2017) for Lines 5(g) or

h). Joint Fundraisin	g Participant:			
1.		FEC II	number	С
2.		FEC II) number	С
3.		FEC II) number	C
4.		FEC II) number	С
ame of Any Connected Moran Victory Cor	Organization, Affiliated Committee, Joint	Fundraising Rep	resentativ	e, or Leadership PAC Spor
Widian victory Cor				
Martin Addition	PO Box 541			
Mailing Address				
	Polloville		NC.	66935-0541
	Belleville		L KS	
Relationship:	CITY ▲		STATE A	ZIP CODE ▲
	Organization Affiliated Committee by name, address (phone number – option	Joint Fundraising	g Representa	ative Leadership PAC S
			g Representa	ative Leadership PAC S
esignated Agent: Identify			g Representa	ative Leadership PAC S
esignated Agent: Identify			g Representa	ative Leadership PAC S
esignated Agent: Identify	by name, address (phone number – option	nal)	Representa	
esignated Agent: Identify Full Name	by name, address (phone number – option	nal)	Representa	Leadership PAC S
esignated Agent: Identify	by name, address (phone number – option	nal)	STATE A	
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or ma	by name, address (phone number – option CITY CITY ies: List all banks or other depositories in the second content of the second	Telephone N	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor dety deposit boxes or main arms of Bank, Chain epository, etc.	by name, address (phone number – option CITY CITY ies: List all banks or other depositories in sintains funds.	Telephone N	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or ma	by name, address (phone number – option CITY CITY ies: List all banks or other depositories in vintains funds. Bridge Bank	Telephone N	STATE A	ZIP CODE A
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FEC Form 1S (Revised 02/2017)

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

(h). Joint Fundraisi			
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
MOKAN VICTOR	Y FUND		
Mailing Address	4741 CENTRAL ST		
	STE 444		
	KANSAS CITY	MO MO	64112-
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	Leadership PAC Sp
	Affiliated Committee Joint Joint by by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representa	Leadership PAC Sp
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esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
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FEC Form 1S (Revised 02/2017)

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

h). Joint Fundraisir			
1		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
WORAN ROBIO	TOTOKT COMMITTEE		
Mailing Address	228 S. WASHINGTON ST.		
ag . wa. eee	STE. 115		
	ALEXANDRIA	VA	22314-
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC Sp
		Fundraising Representa	ative Leadership PAC S
esignated Agent: Identif		Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)	Fundraising Representation	Leadership PAC Sp
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional) CITY		
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundrais i	ng ranopana		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
	d Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Spon
MORAN, JERRY	, ,,, 		
	2400 Sumac Dr		
Mailing Address			
	Manhattan	KS	66502-3116
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		nt Fundraising Represent	ative Leadership PAC Sp
	ed Organization Affiliated Committee Join	nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Ident		nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Ident		nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Ident	ify by name, address (phone number – optional)	nt Fundraising Represent	
esignated Agent: Ident Full Name Mailing Address	ify by name, address (phone number – optional)	state A	ative Leadership PAC Sp
esignated Agent: Ident	ify by name, address (phone number – optional) Line (phone number – optional) CITY ▲		
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