

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Joan Farr for U. S. Senate KS

ADDRESS (number and street)

7145 Blueberry Lane



(Check if address is changed)

Derby

CITY ▲

KS

STATE ▲

67037

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address is changed)

JoanFarr73@aol.com

Optional Second E-Mail Address

JoanFarr73@aol.com

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address is changed)

JoanFarr.com

2. DATE

MM / DD / YYYY  
08 / 26 / 2021

3. FEC IDENTIFICATION NUMBER ►

C C00788026

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 Winters, Katherine, , Ms.,

Signature of Treasurer Winters, Katherine, , Ms.,

[Electronically Filed]

Date

MM / DD / YYYY  
08 / 27 / 2021

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  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 06/2012)

## 5. 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

Farr, Joan, E, Ms.,

Candidate  
Party Affiliation

REP

Office  
Sought:

House

☒

Senate

☐ President

State

KS

District

00

- (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  (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 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.)

**Joint Fundraising Representative:**

- (g) ☐ 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.
- (h) ☐ 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. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | C <input type="text"/> |

Write or Type Committee Name

Joan Farr for U. S. Senate KS

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

NONE

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

Farr, Joan, E., Ms.,

Mailing Address

7145 Blueberry Lane

Derby

KY

67037

Title or Position

CITY

STATE

ZIP CODE

Asst. Treasurer

Telephone number

918

698

3289

## 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

Winters, Katherine, , Ms.,

Mailing Address

605 S. Valley Road

Olathe

KS

66061

Title or Position  
Treasurer

CITY

STATE

ZIP CODE

Telephone number

913

269

4062

Full Name of  
Designated  
Agent

Farr, Joan, E., Ms.,

Mailing Address

7145 Blueberry Lane

Derby

CITY

KS

STATE

67037

ZIP CODE

Title or Position

Asst. Treasurer

Telephone number

918

698

3289

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.

Carson Bank

Mailing Address

122 W. Main St.

Mulvane

CITY

KS

STATE

67110

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE