PAGE 1/9

STATEMENT OF **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. Paul Davis for Kansas PO Box 944 ADDRESS (number and street) (Check if address is changed) Lawrence 66044 KS CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS shelbiekonkel@gmail.com (Check if address is changed) Optional Second E-Mail Address chris@pattonprocessing.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.davisforkansas.com (Check if address is changed) DATE 25 2018 C00653121 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. Crow, Marti, , , Type or Print Name of Treasurer Crow, Marti,,, [Electronically Filed] 09 25 2018 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) Only

Toll Free 800-424-9530 Local 202-694-1100

FEC F	orm 1 (Revised 02/2009)	Page 2
TYPE OF (COMMITTEE	
Candidat	e Committee:	
(a) x	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. (Corinformation below.)	nplete the candidate
Name of Candidate	Davis, Paul, T., ,	
Candidate	Office	State
Party Affiliat	ion DEM Sought: X House Senate President	District 02
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	nmittee:	
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political A	Action 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.)	
Joint Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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
Con	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

1		
FEC Form 1 (Revised 0)	2/2009)	Page 3
Write or Type Committee Name		
Paul Davis for K	ansas	
6. Name of Any Connected Or	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
MA for a Majority		
Mailing Address	918 Pennsylvania Avenue	
Maining Address		
	Washington DC 20003	
	CITY STATE ZIP	CODE
		OODE
Relationship: Connected	Organization Affiliated Committee X Joint Fundraising Representative Leader	rship PAC Sponsor
Custodian of Records: Ident books and records.	ify by name, address (phone number optional) and position of the person in posses	sion of committee
Crow, Marti	,,,	
Full Name		
Mailing Address		
	Leavenworth KS 66048	
Title or Position	CITY STATE ZIP	CODE
I	Telephone number	
	Telephone number	
Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; and the name ssistant treasurer).	and address of
Full Name Crow, Marti		
Full Name Crow, Marti of Treasurer LILI		
Mailing Address	1200 S Broadway	
	Leavenworth KS 66048	
Title or Decition	CITY STATE ZIP	CODE
Title or Position	Telephone number	-
I	Totephone number	

FEC For n	1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Patton, Chris, , ,	
Mailing Address	PO Box 9	
	Lexington KY 40588	ZIP CODE
Title or Position Asst. Treasurer		
	Depositories: List all banks or other depositories in which the committee deposits funds, howes or maintains funds. Depository, etc.	olds accounts, rents
	Central National Bank	
Mailing Address	603 W 9th Street	
	Lawrence KS 66044	
	CITY STATE	ZIP CODE
Name of Bank, [Depository, etc.	
Mailing Address	Amalgamated Bank 1825 K Street, NW	
	Washington DC 20006	;
	CITY STATE	ZIP CODE

FEC Form 1S (Revised 02/2017)

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

Page ____ **of** ____

(h). Joint Fundrais	ing Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
Name of Any Connecte NewDem Future	d Organization, Affiliated Committee, Joint Fur Progress Fund	ndraising Representative	e, or Leadership PAC Spons
Mailing Address	700 13th Street, NW		
	Washington	DC	20005
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee	oint Fundraising Represent	Leadership FAC Spc
Designated Agent: Ident		init Fundraising Represent	Leadership FAC Spc
Designated Agent: Ident		init Fundraising Represent	Leadership PAC Spo
Designated Agent: Ident		int Fundraising Represent	LeaderStrip FAC Spc
Designated Agent: Ident Full Name L Mailing Address	ify by name, address (phone number – optional)		
Designated Agent: Ident	ify by name, address (phone number – optional)	STATE A	ZIP CODE A
Pesignated Agent: Ident Full Name	ify by name, address (phone number – optional)		
Pesignated Agent: Ident Full Name Mailing Address TITLE OR POSITIO Banks or Other Deposit afety deposit boxes or r	ify by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Ident Full Name	ify by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which naintains funds. gamated Bank 1825 K Street, NW	STATE A Telephone Number	ZIP CODE s funds, holds accounts, rents
Pesignated Agent: Ident Full Name	ify by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which an aintains funds. gamated Bank	STATE A Telephone Number	ZIP CODE A

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

FEC Form 1S (Revised 02/2017)

Page __6 **of** _9___

5(g) or (h). Joint Fundraisin	g Participant:	
1.		FEC ID number
2.		FEC ID number C
3.		FEC ID number C
4.		FEC ID number
6. Name of Any Connected Committee for Mic	Organization, Affiliated Committee, Joint Fundrais	sing Representative, or Leadership PAC Sponsor
Mailing Address	PO Box 83142	
	Gaithersburg	MD 20883
Relationship:	CITY A	STATE ▲ ZIP CODE ▲
Connected	d Organization Affiliated Committee	undraising Representative Leadership PAC Sponsor
8. Designated Agent: Identify	by name, address (phone number – optional)	
Full Name		
Mailing Address		
	1	
TITLE OR POSITION	_ CITY ▲	STATE ▲ ZIP CODE ▲
	I	phone Number
safety deposit boxes or ma	ries: List all banks or other depositories in which the sintains funds. of America 1048 Quince Orchard Road	e committee deposits funds, holds accounts, rents
	Gaithersburg	MD 20878
ı	CITY A	STATE ▲ ZIP CODE ▲

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

FEC Form 1S (Revised 02/2017)

Page ____ **of** ____

5(a)	or(h). Joint Fundraisin	o Participant:		
- (3)	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
	4.			
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
	Digidems Commit	tee		
	Mailing Address	8391 Beverly Blvd, Suite 638		
		Los Angeles	CA	90048
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	d Organization	Fundraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	y by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
			1 1 . 1	1
		CITY ▲	STATE ▲	ZIP CODE A
	TITLE OR POSITION	•	ı	3022 _
		Te	lephone Number	
9.	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which taintains funds.		s funds, holds accounts, rents
9.	safety deposit boxes or ma	aintains funds.		s funds, holds accounts, rents
9.	safety deposit boxes or ma	aintains funds. amated Bank		s funds, holds accounts, rents
9.	Name of Bank, Amalga	aintains funds.		s funds, holds accounts, rents
9.	Name of Bank, Depository, etc.	aintains funds. amated Bank		s funds, holds accounts, rents
9.	Name of Bank, Depository, etc.	aintains funds. amated Bank		s funds, holds accounts, rents

FEC Form 1S (Revised 02/2017)

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

Page ____ **of** ____

h). Joint Fundraisi r	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
House Victory Pro	oject		
Mailing Address	918 Pennsylvania Avenue, SE		
	Washington	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC S
	y by name, address (phone number – optional)		Leadership TAO O
esignated Agent: Identif			Leadership TAO O
esignated Agent: Identif			
esignated Agent: Identif			
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identif	y by name, address (phone number – optional) CITY		
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mailing and the same of Bank, Amalg	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material deposit boxes	y by name, address (phone number – optional) CITY CITY Te ries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY Te ries: List all banks or other depositories in which aintains funds. amated Bank	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY Te ries: List all banks or other depositories in which aintains funds. amated Bank	STATE A	ZIP CODE A

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

FEC Form 1S (Revised 02/2017)

Page ___ **of** ___

or(h). Joint Fundraisin	g Participant:		
1		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
Name of Any Connected Paul Davis Victory	Organization, Affiliated Committee, Joint Fundrai	ising Representative	e, or Leadership PAC Sponsor
l ddi Bavio Victory			
Mailing Address	PO Box 1917		
	Topeka 	L KS	66601
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connected	d Organization	Fundraising Representa	ative Leadership PAC Sponso
	d Organization	Fundraising Representa	Leadership PAC Sponso
		Fundraising Representa	Leadership PAC Sponso
Designated Agent: Identify		Fundraising Representa	Leadership PAC Sponso
Designated Agent: Identify Full Name		Fundraising Representa	Leadership PAC Sponso
Designated Agent: Identify Full Name	y by name, address (phone number – optional)		
Designated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional)		Leadership PAC Sponso
Designated Agent: Identify Full Name	y by name, address (phone number – optional) CITY		
Panks or Other Deposito safety deposit boxes or ma	y by name, address (phone number – optional) CITY Tele ries: List all banks or other depositories in which the	STATE A	ZIP CODE A
Pull Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail Name of Bank, Depository, etc.	ries: List all banks or other depositories in which thaintains funds.	STATE A	ZIP CODE A