

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Team Marshall

ADDRESS (number and street) PO Box 26141 Alexandria VA 22313 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00632950 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (selected), Termination Report (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) Election on M M / D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S) Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 01 / 01 / 2017 through 06 / 30 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Marston, Chris, , , Type or Print Name of Treasurer

Signature of Treasurer Marston, Chris, , , [Electronically Filed] Date 07 / 29 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Team Marshall

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="224000.00"/>	<input type="text" value="224000.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="224000.00"/>	<input type="text" value="224000.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="222094.47"/>	<input type="text" value="222094.47"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1905.53"/>	<input type="text" value="1905.53"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Team Marshall

Report Covering the Period: From: 01 / 01 / 2017 To: 06 / 30 / 2017

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	224000.00	224000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	224000.00	224000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	224000.00	224000.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	224000.00	224000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	224000.00	224000.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	750.00	750.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	750.00	750.00
22. Transfers to Affiliated/Other Party Committees.....	221344.47	221344.47
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	222094.47	222094.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	222094.47	222094.47

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	224000.00	224000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	224000.00	224000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	750.00	750.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	750.00	750.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 16
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Team Marshall

A. BORCK, LEE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 1506

City GREAT BEND	State KS	Zip Code 67530-1506
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PRESIDENT	Occupation (for Individual) INNOVATIVE LIVESTOCK SERVICES
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 12500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 24 / 2017

Transaction ID : SA11A.2092

Amount of Each Receipt this Period
 12500.00

Memo Item
 CONTRIBUTION

B. FOOTE, SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 416

City HOXIE	State KS	Zip Code 67740-0416
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) FARMING
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 6250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 16 / 2017

Transaction ID : SA11A.2086

Amount of Each Receipt this Period
 12500.00

Memo Item
 CONTRIBUTION

SEE REATTRIBUTION

C. FOOTE, MICHELLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 416

City HOXIE	State KS	Zip Code 67740-0416
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) FARMING
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 6250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 16 / 2017

Transaction ID : SA11A.2096

Amount of Each Receipt this Period
 6250.00

Memo Item
 CONTRIBUTION

REATTRIBUTION FROM SPOUSE

SUBTOTAL of Receipts This Page (optional).....	25000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Team Marshall

A. FOOTE, SCOTT, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address P.O. BOX 416

City HOXIE	State KS	Zip Code 67740-0416
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) SELF		Occupation (for Individual) FARMING
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 6250.00	

Date of Receipt
02 / 16 / 2017
Transaction ID : SA11A.2097

Amount of Each Receipt this Period
- 6250.00

Memo Item CONTRIBUTION
REATTRIBUTION TO SPOUSE

B. HARSHBERGER, GARY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 10905 WILDFIRE RD

City MINNEOLA	State KS	Zip Code 67865-8506
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) HARSHBERGER ENTERPRISES		Occupation (for Individual) OWNER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 7500.00	

Date of Receipt
03 / 16 / 2017
Transaction ID : SA11A.2094

Amount of Each Receipt this Period
7500.00

Memo Item CONTRIBUTION

C. LOPATIN, MARK, , , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 2224 SUNRISE WAY

City JAMISON	State PA	Zip Code 18929-1051
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RHEUMATIC DISEASES ASSOCIATES		Occupation (for Individual) PHYSICIAN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1000.00	

Date of Receipt
02 / 15 / 2017
Transaction ID : SA11A.2090

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	8500.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 16
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Team Marshall

A. MASS, MARION, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 STONE CREEK LN
 City PERKASIE State PA Zip Code 18944-3600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JELLINEK PEDIATRICS Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt **03 / 06 / 2017**
Transaction ID : SA11A.2095
 Amount of Each Receipt this Period 3000.00
 Memo Item CONTRIBUTION

B. NELSON, TERRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1304 W FOX RD P.O. BOX 38
 City LONG ISLAND State KS Zip Code 67647-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NELSON FARMS Occupation (for Individual) FARMER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt **02 / 14 / 2017**
Transaction ID : SA11A.2089
 Amount of Each Receipt this Period 25000.00
 Memo Item CONTRIBUTION

C. TORLUEMKE, JEFF, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 474
 City HOXIE State KS Zip Code 67740-0474
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WESTERN PLAINS ENERGY LLC Occupation (for Individual) MANAGER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 6250.00

Date of Receipt **02 / 24 / 2017**
Transaction ID : SA11A.2087
 Amount of Each Receipt this Period 12500.00
 Memo Item CONTRIBUTION
 SEE REATTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	40500.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 16
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Team Marshall

A. TORLUEMKE, JEFF, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 474
 City HOXIE State KS Zip Code 67740-0474
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WESTERN PLAINS ENERGY LLC Occupation (for Individual) MANAGER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 6250.00

Date of Receipt **02 / 24 / 2017**
Transaction ID : SA11A.2099
 Amount of Each Receipt this Period **- 6250.00**
 Memo Item CONTRIBUTION
 REATTRIBUTION TO SPOUSE

B. TORLUEMKE, KAREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 474
 City HOXIE State KS Zip Code 67740-0474
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 6250.00

Date of Receipt **02 / 24 / 2017**
Transaction ID : SA11A.2098
 Amount of Each Receipt this Period **6250.00**
 Memo Item CONTRIBUTION
 REATTRIBUTION FROM SPOUSE

C. CONESTOGA ENERGY PARTNERS LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 1178
 City LIBERAL State KS Zip Code 67905-1178
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 50000.00

Date of Receipt **02 / 25 / 2017**
Transaction ID : SA11A.2093
 Amount of Each Receipt this Period **50000.00**
 Memo Item CONTRIBUTION
 SEE ATTRIBUTION BELOW

SUBTOTAL of Receipts This Page (optional).....	50000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 16
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Team Marshall

A. HATCHER, NICK, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1701 N KANSAS AVE
SUITE 102

City LIBERAL State KS Zip Code 67901-2000

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF Occupation (for Individual) AGRICULTURE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 16500.00

Date of Receipt 02 / 25 / 2017
Transaction ID : SA11A.2110

Amount of Each Receipt this Period 16500.00

Memo Item CONTRIBUTION

PARTNERSHIP ATTRIBUTION

B. O'BRATE, CECIL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 1195

City GARDEN CITY State KS Zip Code 67846-1195

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PALMER MFG. & TANK INC. Occupation (for Individual) EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 16500.00

Date of Receipt 02 / 25 / 2017
Transaction ID : SA11A.2109

Amount of Each Receipt this Period 16500.00

Memo Item CONTRIBUTION

PARTNERSHIP ATTRIBUTION

C. WILLIS, TOM, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1701 N KANSAS AVE

City LIBERAL State KS Zip Code 67901-2000

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CONESTOGA ENERGY PARTNERS Occupation (for Individual) EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 16500.00

Date of Receipt 02 / 25 / 2017
Transaction ID : SA11A.2108

Amount of Each Receipt this Period 16500.00

Memo Item CONTRIBUTION

PARTNERSHIP ATTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Team Marshall

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. NUETERRA HOLDINGS LLC

Mailing Address 11221 ROE AVE
STE 320

City LEAWOOD State KS Zip Code 66211-1878

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50000.00

Date of Receipt
MM / DD / YYYY
02 / 21 / 2017

Transaction ID : SA11A.2091

Amount of Each Receipt this Period
50000.00

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. AYERS, DAVID, , ,

Mailing Address 11221 ROE AVE

City LEAWOOD State KS Zip Code 66211-1922

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
NUEHEALTH LLC CHIEF DEVELOPMENT OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2895.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2017

Transaction ID : SA11A.2105

Amount of Each Receipt this Period
2895.00

Memo Item
CONTRIBUTION

PARTNERSHIP ATTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. MAYHEW, DENISE, , ,

Mailing Address 11221 ROE AVE

City LEAWOOD State KS Zip Code 66211-1922

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
NUETERRA CAPITAL MANAGEMENT VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
12795.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2017

Transaction ID : SA11A.2104

Amount of Each Receipt this Period
12795.00

Memo Item
CONTRIBUTION

PARTNERSHIP ATTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	50000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 OF 16
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Team Marshall

A. O' BRIEN, TIM, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11221 ROE AVE

City LEAWOOD	State KS	Zip Code 66211-1922
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NUETERRA CAPITAL MANAGEMENT	Occupation (for Individual) CHIEF OPERATING OFFICER
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2017

Transaction ID : SA11A.2107

Amount of Each Receipt this Period
2285.00

Memo Item
CONTRIBUTION

PARTNERSHIP ATTRIBUTION

B. SAALE, DAN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11221 ROE AVE

City LEAWOOD	State KS	Zip Code 66211-1922
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NUETERRA HOLDINGS LLC	Occupation (for Individual) CHIEF FINANCIAL OFFICER
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2895.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2017

Transaction ID : SA11A.2106

Amount of Each Receipt this Period
2895.00

Memo Item
CONTRIBUTION

PARTNERSHIP ATTRIBUTION

C. TASSET, DAN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1121 ROE AVE

City LEAWOOD	State KS	Zip Code 66211-
-----------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NUETERRA HOLDINGS LLC	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
29130.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2017

Transaction ID : SA11A.2103

Amount of Each Receipt this Period
29130.00

Memo Item
CONTRIBUTION

PARTNERSHIP ATTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 16
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Team Marshall

A. SPRAY MANAGEMENT LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 214 HIGHWAY 281
 City GREAT BEND State KS Zip Code 67530-9660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 14 / 2017
Transaction ID : SA11A.2088
 Amount of Each Receipt this Period
 50000.00
 Memo Item
CONTRIBUTION
 SEE ATTRIBUTION BELOW

B. SPRAY, CHRISTOPHER, KELLY, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4935 QUAIL CREEK DR.
 City GREAT BEND State KS Zip Code 67530-6839
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 VENTURE CORPORATION EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 14 / 2017
Transaction ID : SA11A.2101
 Amount of Each Receipt this Period
 25000.00
 Memo Item
CONTRIBUTION
 PARTNERSHIP ATTRIBUTION

C. SPRAY, ORVILLE, OREN, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5000 TIMBERCREEK
 City GREAT BEND State KS Zip Code 67530-6638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 VENTURE CORPORATION EXECUTIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 14 / 2017
Transaction ID : SA11A.2102
 Amount of Each Receipt this Period
 25000.00
 Memo Item
CONTRIBUTION
 PARTNERSHIP ATTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	50000.00
TOTAL This Period (last page this line number only).....	224000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Team Marshall

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL RD

City
VIENNA

State
VA

Zip Code
22182

Purpose of Disbursement
DATABASE SERVICES

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I1988

Amount of Each Disbursement this Period

2	5	0	0
---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL RD

City
VIENNA

State
VA

Zip Code
22182

Purpose of Disbursement
DATABASE SERVICES

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I1989

Amount of Each Disbursement this Period

2	5	0	0
---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL RD

City
VIENNA

State
VA

Zip Code
22182

Purpose of Disbursement
DATABASE SERVICES

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I1990

Amount of Each Disbursement this Period

2	5	0	0
---	---	---	---

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

7	5	0	0
---	---	---	---

7	5	0	0
---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Team Marshall

Full Name (Last, First, Middle Initial)

A. KANSANS FOR MARSHALL

Mailing Address PO BOX 1588

City
GREAT BEND

State
KS

Zip Code
67530

Purpose of Disbursement
DISTRIBUTION OF NET PROCEEDS

Candidate Name

MARSHALL, ROGER, W, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: KS District: 01

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2017

FEC Identification Number

C C00576173

Transaction ID : SB22.I1984

Amount of Each Disbursement this Period

30336.05

Memo Item

Full Name (Last, First, Middle Initial)

B. KANSANS FOR MARSHALL

Mailing Address PO BOX 1588

City
GREAT BEND

State
KS

Zip Code
67530

Purpose of Disbursement
DISTRIBUTION OF NET PROCEEDS

Candidate Name

MARSHALL, ROGER, W, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: KS District: 01

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2017

FEC Identification Number

C C00576173

Transaction ID : SB22.I1985

Amount of Each Disbursement this Period

26976.36

Memo Item

Full Name (Last, First, Middle Initial)

C. KANSAS LEADERSHIP PAC

Mailing Address PO BOX 26141

City
ALEXANDRIA

State
VA

Zip Code
22313

Purpose of Disbursement
DISTRIBUTION OF NET PROCEEDS

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2017

FEC Identification Number

C C00632323

Transaction ID : SB22.I1983

Amount of Each Disbursement this Period

30138.42

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

87450.83

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Team Marshall

A. NRCC

Full Name (Last, First, Middle Initial)

Mailing Address 320 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement DISTRIBUTION OF NET PROCEEDS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 31 / 2017

FEC Identification Number: C C00075820

Transaction ID : SB22.I1986

Amount of Each Disbursement this Period: 116996.36

GENERAL FUND

Memo Item

B. NRCC

Full Name (Last, First, Middle Initial)

Mailing Address 320 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement DISTRIBUTION OF NET PROCEEDS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 31 / 2017

FEC Identification Number: C C00075820

Transaction ID : SB22.I1987

Amount of Each Disbursement this Period: 16897.28

BUILDING FUND

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	133893.64
TOTAL This Period (last page this line number only).....▶	221344.47