Image# 201909159163323480				09/15/2019 14 : 10
FEC FORM 1	STATEMEI ORGANIZ			PAGE 1 / 4 —
			Of	fice Use Only
I. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Sara Hart Weir fo	or Congress			
ADDRESS (number and street)	P.O. Box 2183			
(Check if address				
is changed)	Mission		KS 662	01
			L L⊥_ STATE ▲	
COMMITTEE'S E-MAIL ADDRI	_ss ,pat@ljstrategies.com			
is changed)				
	Optional Second E-Mail Ad	dress		
 (Check if address is changed) 	www.SaraForKansas.com			
	0 / Y Y Y Y 2019			
3. FEC IDENTIFICATION N	UMBER ► C c	00714089		
I. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
certify that I have examined t	this Statement and to the best	of my knowledge and belief i	t is true correct and	complete
contrary and i have examined		and belief I		
Type or Print Name of Treasur	er Leopold, Pat, , ,			
Signature of Treasurer	oold, Pat, , ,	[Electronically Filed]	Date 09	15 / Y Y Y Y Y 2019
IOTE: Submission of false, error	neous, or incomplete information ANY CHANGE IN INFORMATI	may subject the person signing		penalties of 2 U.S.C. §437g
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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F	EC Foi	orm 1 (Revised 02/2009) Pa	age 2	
TYPE	OF C	COMMITTEE	-	
		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. (Complete the information below.)	candidate	
Name Candie		Weir, Sara, Hart, ,		
Candio Party	date Affiliatio	tion REP Office State Senate President Distr	03	
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Name Candio				
Party	y Com	nmittee:		
(d)		This committee is a (National, State (Democration of the Committee of the Committ	atic, an, etc.) Part	/.
Politi	ical A	Action Committee (PAC):		_
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected or	ganization is	a:
		Corporation Corporation w/o Capital Stock	Organization	
		Membership Organization Trade Association Cooper	ative	
		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 committee. (i.e., nonconnected committee)	fund or part	y
		In addition, this committee is a Lobbyist/Registrant PAC.		
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)		_
Joint	Fund	draising Representative:		
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, at least one of which is an authorized committee of a federal candidate.	e political	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.	e political	
	Com	nmittees Participating in Joint Fundraiser		
	1.	FEC ID number		
	2.	FEC ID number		
	3.	FEC ID number]
	4.	FEC ID number		

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Sara Hart Weir for Congress

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

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.

Leopold, P	'at, , ,
Full Name	
Mailing Address	4824 Normandy Park St
	Lawrence KS 66049
Title or Position	CITY STATE ZIP CODE
Treasurer	Telephone number 785 506 2555

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	Leopold, Pat, , ,
Mailing Address	4824 Normandy Park St
	Lawrence
	CITY STATE ZIP CODE
Title or Position	Telephone number 785 506 2555

FEC Form 1 (Revised 02/2009)

																							_
Full Name of Designated Agent				 																			
Mailing Address																							
																				-			
					CI	TΥ								STA	ΛΤΕ			ZIF	D C	OD	Е		
Title or Position																							
									Tele	eph	one	e ni	umt	ber									

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.

Freed	dom Bank		
Mailing Address	6640 West 143rd St		
	Overland Park	KS	66223
	CITY	STATE	ZIP CODE
Name of Bank, Depository	<i>ı</i> , etc.		
Bank	of America 4724 W. 60th St		
Mailing Address			
	Mission	KS	66205
	CITY	STATE	ZIP CODE