FEC FORM 1	STATEMEN ORGANIZA	_	Off	PAGE 1 / 4
1. NAME OF COMMITTEE (in full)	X (Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
			know as MM	
ADDRESS (number and street)	7801 W. 110th St.			
(Check if address is changed)				
			KS STATE ▲	10 
COMMITTEE'S E-MAIL ADDRES	SS			
(Check if address is changed)	amyblunt@hbstrategies.us			
	Optional Second E-Mail Addr	ress		
COMMITTEE'S WEB PAGE ADD	DRESS (URL)			
2. DATE 10 / 14				
3. FEC IDENTIFICATION NU	JMBER ► C coo	0509356		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined th	is Statement and to the best o	of my knowledge and belief it	is true, correct and	complete.
Type or Print Name of Treasurer	Dewitt, Dustin, , ,			
Signature of Treasurer Dewit	t, Dustin, , ,		Date 07	<sup>D</sup> D / Y Y Y Y 15 2024
NOTE: Submission of false, errone		nay subject the person signing th ON SHOULD BE REPORTED V		penalties of 52 U.S.C. §30109
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

Image# 202407159653329558

07/15/2024 10 : 52

FEC Form 1 (Revised 03/2022)	Page <b>2</b>
. 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 information below.)	ne candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate President	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of Candidate	
Party Committee: (d) This committee is a (National, State (Democration or subordinate) committee of the Republican	c, ı, etc.) Party
Political Action Committee (PAC):	
(e) 🔀 This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ed organization 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 segregate committee. (i.e., nonconnected committee)	ed 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.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid P	AC).

In addition, this committee is a Lobbyist/Registrant PAC.

## Joint Fundraising Representative:

(i) 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.
 (j) 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.
 (j) Committees Participating in Joint Fundraiser
 2.

	FEC Form 1 (Revised 0	2/2009)																					I	Paç	ge 3	3		
٧	Vrite or Type Committee Name																											
	CERRIS INC. POL	ITICAL ACTIO	ΟN	C	ЭМ	MI	TT	Έ	E	(fo	rn	ne	rly	k	no	w	a	s I	M	M	) (	CC	)R	Ρ	P/	٩C	;)	
6.	Name of Any Connected Or	rganization, Affiliate	ed C	om	mitte	e, J	loin	nt F	und	drai	sin	g F	Rep	res	en	tati	ive	, 01	۲ L	ead	lers	ship	) P/	AC	Sp	on	sor	
	Mailing Address	10955 Lowell Ave.																									<u> </u>	
		Overland Park	I	I		1	1	I	I	I	1	I			K	S			6	62´	10	I	1	_		I	I	I

		CITY 🔺	STATE A	ZIP CODE
Relationship:	X Connected Organization	Affiliated Organization	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.

Evelyn, Ro	pert 'Jason', , Mr.,	
Full Name		
Mailing Address	24277 W. 121st Terr	
	Olathe         KS         66061           -         -         -	
	CITY ▲ STATE ▲ ZIP CODE ▲	
Title or Position ▼		
Assistant Treasurer	Image: Telephone number     913     956     3807	

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	Dewitt, Dustin, , ,
of Treasurer	
Mailing Address	18902 W 100th St.
	Lenexa KS 66220
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	7
Treasurer	Image:

FEC Form 1 (Revised 02/20	FEC Fo	r <b>m 1</b> (i	Revised	02/2009)
---------------------------	--------	-----------------	---------	----------

FEC FOILI I	(neviseu uz	2008	"																						Fay	84	1	
Full Name of Designated Agent	Kitson, Kyle	·, , , 																										
		2110	л и	V Killa	arne	ey L	ane																					
Mailing Address						<u></u>																						
		Lees	s Sur	mmit														NO 		Ĺ	640 	81						
								Cľ	ΤY								STA	ΑTE					ΖI	Р (		ЭE		
Title or Position <b>v</b>																												
Designated Agent												Tele	əph	ione	e n	um	ber		91 	3		- [_	95 	6			383	i1

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.

	UMB					
Mailing Address		1010 Grand	Blvd.			
		Kansas City			MO	64106
				CITY 🔺	STATE ▲	ZIP CODE
Name of Bank, D	Depository, e	tc.				
Mailing Address						
				CITY 🔺	STATE A	ZIP CODE ▲