

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
KANSANS FOR MARSHALL

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	25422.21	692855.50
(b) Total Contribution Refunds (from Line 20(d))	0.00	2800.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	25422.21	690055.50
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	225645.72	846518.75
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	15.49
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	225645.72	846503.26
8. Cash on Hand at Close of Reporting Period (from Line 27).....	42552.24	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	199000.00	

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

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

KANSANS FOR MARSHALL

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	11200.00	512586.55
(ii) Unitemized.....	1770.00	53771.00
(iii) TOTAL of contributions from individuals ▶	12970.00	566357.55
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	6000.00	72950.00
(d) The Candidate.....	6452.21	53547.95
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	25422.21	692855.50
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	199000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	199000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	15.49
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	25422.21	891870.99

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	225645.72	846518.75
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	100.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2700.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	2800.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	225645.72	849318.75

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	242775.75
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	25422.21
25. SUBTOTAL (add Line 23 and Line 24).....	268197.96
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	225645.72
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	42552.24

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 52
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
KANSANS FOR MARSHALL

A. Full Name (Last, First, Middle Initial)
Kent Bradley

Mailing Address 9866 N Grove St

City Valley Center State KS Zip Code 67147

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

Name of Employer AWH Occupation OB/GYN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 12 / 2016

Transaction ID : SA11A1.7895

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Loren Doll

Mailing Address 11352 112 Rd

City Dodge City State KS Zip Code 67801

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

Name of Employer None Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 05 / 2016

Transaction ID : SA11A1.7854

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Lease Duckwall

Mailing Address 621 N Spruce

City Abilene State KS Zip Code 47410

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

Name of Employer Self Occupation Real Estate

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 07 / 2016

Transaction ID : SA11A1.7876

Amount of Each Receipt this Period
500.00

Memo Item

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 6 OF 52
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
KANSANS FOR MARSHALL

A. Full Name (Last, First, Middle Initial)
Gregory E Ek

Mailing Address 8905 E Churchill Court

City State Zip Code
Wichita KS 67206

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

Name of Employer Occupation
Morgan Stanley Financial Advisor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 07 / 2016

Transaction ID : SA11AI.7850

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Sam Geduldig

Mailing Address 1101 K Street, NW
Suite 650

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation
CGCN Group Government Relations

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 01 / 2016

Transaction ID : SA11AI.7853

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Kenneth D Jackman

Mailing Address 530 Gray Dr

City State Zip Code
Montello WI 53949

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

Name of Employer Occupation
Ken Jackman & Associates Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 08 / 2016

Transaction ID : SA11AI.7883

Amount of Each Receipt this Period
1500.00

Memo Item

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 52
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
KANSANS FOR MARSHALL

A. Full Name (Last, First, Middle Initial)
Michael D Jordan

Mailing Address 831 280 Rd

City Beloit State KS Zip Code 67420

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

Name of Employer Self Occupation Farmer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 12 / 2016

Transaction ID : SA11AI.7891

Amount of Each Receipt this Period
 250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
James Kindscher

Mailing Address 15705 Howe St

City Overland Park State KS Zip Code 66224

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

Name of Employer Kansas University Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 11 / 2016

Transaction ID : SA11AI.7887

Amount of Each Receipt this Period
 250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Michael William Morley

Mailing Address 1408 W 46th St

City Hays State KS Zip Code 67601

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

Name of Employer Midwest Energy, Inc. Occupation Communications Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **650.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 02 / 2016

Transaction ID : SA11AI.7869

Amount of Each Receipt this Period
 100.00

Memo Item

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

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

600.00

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

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

FOR LINE NUMBER: PAGE 8 OF 52
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
KANSANS FOR MARSHALL

A. Full Name (Last, First, Middle Initial)
Kent A Roth

Mailing Address 314 W 3rd

City State Zip Code
Ellinwood KS 67526

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

Name of Employer Occupation
Roth Law Office Lawyer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 12 / 2016

Transaction ID : SA11A1.7890

Amount of Each Receipt this Period
 250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Shimon Stein

Mailing Address 2122 NW Massachusetts Ave
Apt 614

City State Zip Code
Washington DC 20008

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

Name of Employer Occupation
West Front Strategies, LLC Lobbyist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 08 / 2016

Transaction ID : SA11A1.7880

Amount of Each Receipt this Period
 500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Jillayne Tillman

Mailing Address 2748 Thunderbird Cir

City State Zip Code
Hays KS 67601

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

Name of Employer Occupation
None Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 05 / 2016

Transaction ID : SA11A1.7846

Amount of Each Receipt this Period
 250.00

Memo Item

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 52
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
KANSANS FOR MARSHALL

A. Full Name (Last, First, Middle Initial)
Kip Tom

Mailing Address 60 EMS T37 Ln

City Leesburg State IN Zip Code 46538

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

Name of Employer Tom Farms LLC Occupation Production Agriculture

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 08 / 2016

Transaction ID : SA11AI.7882

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Greg Wartman

Mailing Address 220 N College St

City Ulysses State KS Zip Code 67880

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

Name of Employer Johnson State Bank Occupation Banker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 01 / 2016

Transaction ID : SA11AI.7872

Amount of Each Receipt this Period
100.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Melvin Winger

Mailing Address 520 N Rd H

City Johnson State KS Zip Code 67855

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

Name of Employer None Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 06 / 2016

Transaction ID : SA11AI.7840

Amount of Each Receipt this Period
2300.00

Memo Item

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

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

3400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 52
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
KANSANS FOR MARSHALL

A. Full Name (Last, First, Middle Initial)
Melvin Winger

Mailing Address 520 N Rd H

City Johnson State KS Zip Code 67855

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

Name of Employer None Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 06 / 2016

Transaction ID : SA11AI.8072

Amount of Each Receipt this Period
 -1100.00

Memo Item
 Redesignate:

B. Full Name (Last, First, Middle Initial)
Melvin Winger

Mailing Address 520 N Rd H

City Johnson State KS Zip Code 67855

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

Name of Employer None Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 06 / 2016

Transaction ID : SA11AI.8073

Amount of Each Receipt this Period
 1100.00

Memo Item
 Redesignate from Primary to General

C. Full Name (Last, First, Middle Initial)
Mona Winger

Mailing Address 5250 North Rd

City Johnson State KS Zip Code 67855

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

Name of Employer None Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 06 / 2016

Transaction ID : SA11AI.8070

Amount of Each Receipt this Period
 2700.00

Memo Item

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

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

2700.00

11200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 52
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
KANSANS FOR MARSHALL

A. Full Name (Last, First, Middle Initial)
AMERICAN ACADEMY OF DERMATOLOGY ASSOCIATION POLITICAL ACTION COMMITTEE (SKINPAC)

Mailing Address 1445 NEW YORK AVENUE NW
STE 800

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00359539

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 11 / 2016

Transaction ID : SA11C.7844

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 25 MASSACHUSETTS AVE, NW
SUITE 600

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00000422

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 06 / 2016

Transaction ID : SA11C.7842

Amount of Each Receipt this Period
5000.00

Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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

6000.00

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 52
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
KANSANS FOR MARSHALL

A. Full Name (Last, First, Middle Initial)
ROGER W MARSHALL

Mailing Address 4501 QUAIL CREEK DRIVE

City State Zip Code
GREAT BEND KS 67530

FEC ID number of contributing federal political committee. **C H6KS01179**

Name of Employer Occupation
Heartland Regional OBGYN Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
246170.74

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 01 2016

Transaction ID : SA11D.8076

Amount of Each Receipt this Period
75.00

Memo Item
In-Kind, See Sch. B

B. Full Name (Last, First, Middle Initial)
ROGER W MARSHALL

Mailing Address 4501 QUAIL CREEK DRIVE

City State Zip Code
GREAT BEND KS 67530

FEC ID number of contributing federal political committee. **C H6KS01179**

Name of Employer Occupation
Heartland Regional OBGYN Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
246460.65

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 01 2016

Transaction ID : SA11D.8077

Amount of Each Receipt this Period
289.91

Memo Item
In-Kind, See Sch. B

C. Full Name (Last, First, Middle Initial)
ROGER W MARSHALL

Mailing Address 4501 QUAIL CREEK DRIVE

City State Zip Code
GREAT BEND KS 67530

FEC ID number of contributing federal political committee. **C H6KS01179**

Name of Employer Occupation
Heartland Regional OBGYN Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
246850.21

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 01 2016

Transaction ID : SA11D.8078

Amount of Each Receipt this Period
389.56

Memo Item
In-Kind, See Sch. B

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

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

754.47

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 52
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
KANSANS FOR MARSHALL

Full Name (Last, First, Middle Initial) ROGER W MARSHALL		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 01 / 2016	
Mailing Address 4501 QUAIL CREEK DRIVE		Transaction ID : SA11D.8079	
City GREAT BEND	State KS	Zip Code 67530	
FEC ID number of contributing federal political committee. C H6KS01179		Amount of Each Receipt this Period 170.00	
Name of Employer Heartland Regional OBGYN	Occupation Physician		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 247020.21		
		<input type="checkbox"/> Memo Item In-Kind, See Sch. B	

Full Name (Last, First, Middle Initial) ROGER W MARSHALL		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 01 / 2016	
Mailing Address 4501 QUAIL CREEK DRIVE		Transaction ID : SA11D.8080	
City GREAT BEND	State KS	Zip Code 67530	
FEC ID number of contributing federal political committee. C H6KS01179		Amount of Each Receipt this Period 1700.00	
Name of Employer Heartland Regional OBGYN	Occupation Physician		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 248720.21		
		<input type="checkbox"/> Memo Item In-Kind, See Sch. B	

Full Name (Last, First, Middle Initial) ROGER W MARSHALL		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 01 / 2016	
Mailing Address 4501 QUAIL CREEK DRIVE		Transaction ID : SA11D.8090	
City GREAT BEND	State KS	Zip Code 67530	
FEC ID number of contributing federal political committee. C H6KS01179		Amount of Each Receipt this Period 156.52	
Name of Employer Heartland Regional OBGYN	Occupation Physician		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 248876.73		
		<input type="checkbox"/> Memo Item In-Kind, See Sch. B	

SUBTOTAL of Receipts This Page (optional).....	2026.52
TOTAL This Period (last page this line number only).....	2026.52

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 52
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
KANSANS FOR MARSHALL

A. Full Name (Last, First, Middle Initial)
ROGER W MARSHALL

Mailing Address 4501 QUAIL CREEK DRIVE

City: GREAT BEND State: KS Zip Code: 67530

FEC ID number of contributing federal political committee: **C H6KS01179**

Name of Employer: Heartland Regional OBGYN Occupation: Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **249143.56**

Date of Receipt: **07 / 01 / 2016**

Transaction ID : SA11D.8091

Amount of Each Receipt this Period: **266.83**

Memo Item
In-Kind, See Sch. B

B. Full Name (Last, First, Middle Initial)
ROGER W MARSHALL

Mailing Address 4501 QUAIL CREEK DRIVE

City: GREAT BEND State: KS Zip Code: 67530

FEC ID number of contributing federal political committee: **C H6KS01179**

Name of Employer: Heartland Regional OBGYN Occupation: Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **249176.33**

Date of Receipt: **07 / 01 / 2016**

Transaction ID : SA11D.8092

Amount of Each Receipt this Period: **32.77**

Memo Item
In-Kind, See Sch. B

C. Full Name (Last, First, Middle Initial)
ROGER W MARSHALL

Mailing Address 4501 QUAIL CREEK DRIVE

City: GREAT BEND State: KS Zip Code: 67530

FEC ID number of contributing federal political committee: **C H6KS01179**

Name of Employer: Heartland Regional OBGYN Occupation: Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **249250.19**

Date of Receipt: **07 / 01 / 2016**

Transaction ID : SA11D.8093

Amount of Each Receipt this Period: **73.86**

Memo Item
In-Kind, See Sch. B

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

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

373.46

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 52
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
KANSANS FOR MARSHALL

Full Name (Last, First, Middle Initial) ROGER W MARSHALL		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 01 / 2016	
Mailing Address 4501 QUAIL CREEK DRIVE		Transaction ID : SA11D.8094	
City GREAT BEND	State KS	Zip Code 67530	
FEC ID number of contributing federal political committee. C H6KS01179		Amount of Each Receipt this Period 323.41	
Name of Employer Heartland Regional OBGYN	Occupation Physician		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 249573.60		

Full Name (Last, First, Middle Initial) ROGER W MARSHALL		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 01 / 2016	
Mailing Address 4501 QUAIL CREEK DRIVE		Transaction ID : SA11D.8095	
City GREAT BEND	State KS	Zip Code 67530	
FEC ID number of contributing federal political committee. C H6KS01179		Amount of Each Receipt this Period 85.63	
Name of Employer Heartland Regional OBGYN	Occupation Physician		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 249659.23		

Full Name (Last, First, Middle Initial) ROGER W MARSHALL		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 01 / 2016	
Mailing Address 4501 QUAIL CREEK DRIVE		Transaction ID : SA11D.8096	
City GREAT BEND	State KS	Zip Code 67530	
FEC ID number of contributing federal political committee. C H6KS01179		Amount of Each Receipt this Period 79.75	
Name of Employer Heartland Regional OBGYN	Occupation Physician		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 249738.98		

SUBTOTAL of Receipts This Page (optional).....	488.79
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 52
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
KANSANS FOR MARSHALL

A. Full Name (Last, First, Middle Initial)
ROGER W MARSHALL

Mailing Address 4501 QUAIL CREEK DRIVE

City State Zip Code
GREAT BEND KS 67530

FEC ID number of contributing federal political committee. **C H6KS01179**

Name of Employer Occupation
Heartland Regional OBGYN Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
249783.83

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 01 2016

Transaction ID : SA11D.8097

Amount of Each Receipt this Period
44.85

Memo Item
In-Kind, See Sch. B

B. Full Name (Last, First, Middle Initial)
ROGER W MARSHALL

Mailing Address 4501 QUAIL CREEK DRIVE

City State Zip Code
GREAT BEND KS 67530

FEC ID number of contributing federal political committee. **C H6KS01179**

Name of Employer Occupation
Heartland Regional OBGYN Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
249978.13

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 01 2016

Transaction ID : SA11D.8098

Amount of Each Receipt this Period
194.30

Memo Item
In-Kind, See Sch. B

C. Full Name (Last, First, Middle Initial)
ROGER W MARSHALL

Mailing Address 4501 QUAIL CREEK DRIVE

City State Zip Code
GREAT BEND KS 67530

FEC ID number of contributing federal political committee. **C H6KS01179**

Name of Employer Occupation
Heartland Regional OBGYN Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250112.40

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 03 2016

Transaction ID : SA11D.8082

Amount of Each Receipt this Period
134.27

Memo Item
In-Kind, See Sch. B

SUBTOTAL of Receipts This Page (optional).....	373.42
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 52
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
KANSANS FOR MARSHALL

A. Full Name (Last, First, Middle Initial)
ROGER W MARSHALL

Mailing Address 4501 QUAIL CREEK DRIVE

City: GREAT BEND State: KS Zip Code: 67530

FEC ID number of contributing federal political committee: **C H6KS01179**

Name of Employer: Heartland Regional OBGYN Occupation: Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 250223.40

Date of Receipt: 07 / 05 / 2016

Transaction ID : SA11D.8075

Amount of Each Receipt this Period: 111.00

Memo Item
In-Kind, See Sch. B

B. Full Name (Last, First, Middle Initial)
ROGER W MARSHALL

Mailing Address 4501 QUAIL CREEK DRIVE

City: GREAT BEND State: KS Zip Code: 67530

FEC ID number of contributing federal political committee: **C H6KS01179**

Name of Employer: Heartland Regional OBGYN Occupation: Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 250548.02

Date of Receipt: 07 / 05 / 2016

Transaction ID : SA11D.8087

Amount of Each Receipt this Period: 324.62

Memo Item
In-Kind, See Sch. B

C. Full Name (Last, First, Middle Initial)
ROGER W MARSHALL

Mailing Address 4501 QUAIL CREEK DRIVE

City: GREAT BEND State: KS Zip Code: 67530

FEC ID number of contributing federal political committee: **C H6KS01179**

Name of Employer: Heartland Regional OBGYN Occupation: Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 250590.26

Date of Receipt: 07 / 05 / 2016

Transaction ID : SA11D.8089

Amount of Each Receipt this Period: 42.24

Memo Item
In-Kind, See Sch. B

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

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

477.86

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 52
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
		<input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
KANSANS FOR MARSHALL

A. Full Name (Last, First, Middle Initial)
ROGER W MARSHALL

Mailing Address 4501 QUAIL CREEK DRIVE

City State Zip Code
GREAT BEND KS 67530

FEC ID number of contributing federal political committee. **C H6KS01179**

Name of Employer Occupation
Heartland Regional OBGYN Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250736.27

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 08 2016

Transaction ID : SA11D.8088

Amount of Each Receipt this Period
146.01

Memo Item
In-Kind, See Sch. B

B. Full Name (Last, First, Middle Initial)
ROGER W MARSHALL

Mailing Address 4501 QUAIL CREEK DRIVE

City State Zip Code
GREAT BEND KS 67530

FEC ID number of contributing federal political committee. **C H6KS01179**

Name of Employer Occupation
Heartland Regional OBGYN Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250800.11

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 10 2016

Transaction ID : SA11D.8086

Amount of Each Receipt this Period
63.84

Memo Item
In-Kind, See Sch. B

C. Full Name (Last, First, Middle Initial)
ROGER W MARSHALL

Mailing Address 4501 QUAIL CREEK DRIVE

City State Zip Code
GREAT BEND KS 67530

FEC ID number of contributing federal political committee. **C H6KS01179**

Name of Employer Occupation
Heartland Regional OBGYN Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250843.39

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 12 2016

Transaction ID : SA11D.8085

Amount of Each Receipt this Period
43.28

Memo Item
In-Kind, See Sch. B

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

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

253.13

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 52
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
KANSANS FOR MARSHALL

A. Full Name (Last, First, Middle Initial)
ROGER W MARSHALL

Mailing Address 4501 QUAIL CREEK DRIVE

City State Zip Code
GREAT BEND KS 67530

FEC ID number of contributing federal political committee. **C H6KS01179**

Name of Employer Occupation
Heartland Regional OBGYN Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
252137.77

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 13 / 2016

Transaction ID : SA11D.8060

Amount of Each Receipt this Period
1294.38

Memo Item
In-kind - Mileage

B. Full Name (Last, First, Middle Initial)
ROGER W MARSHALL

Mailing Address 4501 QUAIL CREEK DRIVE

City State Zip Code
GREAT BEND KS 67530

FEC ID number of contributing federal political committee. **C H6KS01179**

Name of Employer Occupation
Heartland Regional OBGYN Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
252445.42

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 13 / 2016

Transaction ID : SA11D.8074

Amount of Each Receipt this Period
307.65

Memo Item
In-Kind, See Sch. B

C. Full Name (Last, First, Middle Initial)
ROGER W MARSHALL

Mailing Address 4501 QUAIL CREEK DRIVE

City State Zip Code
GREAT BEND KS 67530

FEC ID number of contributing federal political committee. **C H6KS01179**

Name of Employer Occupation
Heartland Regional OBGYN Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
252488.46

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 13 / 2016

Transaction ID : SA11D.8081

Amount of Each Receipt this Period
43.04

Memo Item
In-Kind, See Sch. B

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

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

1645.07

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 52
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
KANSANS FOR MARSHALL

A. Full Name (Last, First, Middle Initial)
ROGER W MARSHALL

Mailing Address 4501 QUAIL CREEK DRIVE

City State Zip Code
GREAT BEND KS 67530

FEC ID number of contributing federal political committee. **C H6KS01179**

Name of Employer Occupation
Heartland Regional OBGYN Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
252531.74

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 13 / 2016

Transaction ID : SA11D.8083

Amount of Each Receipt this Period
 _____ 43.28

Memo Item
In-Kind, See Sch. B

B. Full Name (Last, First, Middle Initial)
ROGER W MARSHALL

Mailing Address 4501 QUAIL CREEK DRIVE

City State Zip Code
GREAT BEND KS 67530

FEC ID number of contributing federal political committee. **C H6KS01179**

Name of Employer Occupation
Heartland Regional OBGYN Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
252547.95

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 13 / 2016

Transaction ID : SA11D.8084

Amount of Each Receipt this Period
 _____ 16.21

Memo Item
In-Kind, See Sch. B

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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

_____ 59.49

_____ 6452.21

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KANSANS FOR MARSHALL

Full Name (Last, First, Middle Initial) A. Thomas Allen			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016	
Mailing Address 200 E Iron Ave			Amount of Each Disbursement this Period 800.00	
City Salinas	State KS	Zip Code 67401	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Grassroots Consulting		Category/ Type		
Candidate Name			Transaction ID : SB17.7915	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B. Thomas Allen			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016	
Mailing Address 200 E Iron Ave			Amount of Each Disbursement this Period 2.61	
City Salinas	State KS	Zip Code 67401	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Reimbursement (Below Itemization Threshold)		Category/ Type		
Candidate Name			Transaction ID : SB17.7916	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) c. Thomas Allen			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016	
Mailing Address 200 E Iron Ave			Amount of Each Disbursement this Period 60.56	
City Salinas	State KS	Zip Code 67401	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Reimbursement (Below Itemization Threshold)		Category/ Type		
Candidate Name			Transaction ID : SB17.7917	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional).....	863.17
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KANSANS FOR MARSHALL

Full Name (Last, First, Middle Initial) A. Thomas Allen		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address 200 E Iron Ave		Amount of Each Disbursement this Period 306.51
City Salinas	State KS	
Zip Code 67401	Purpose of Disbursement Reimbursement (See Itemization Memo Entries Below)	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.7918
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Dillons		Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2016
Mailing Address 4107 10th St		Amount of Each Disbursement this Period 6.47
City Great Bend	State KS	
Zip Code 67530	Purpose of Disbursement Food/Beverage	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.7918.9
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Coach's Bar and Grill		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2016
Mailing Address 720 S Caroline Ave		Amount of Each Disbursement this Period 8.66
City Junction City	State KS	
Zip Code 66441	Purpose of Disbursement Food/Beverage	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.7918.25
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	306.51
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KANSANS FOR MARSHALL

Full Name (Last, First, Middle Initial) A. Thomas Allen		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2016
Mailing Address 200 E Iron Ave		Amount of Each Disbursement this Period 15.14
City Salinas	State KS Zip Code 67401	
Purpose of Disbursement Reimbursement (Below Itemization Threshold)		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.7919
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. American Express		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2016
Mailing Address 200 Vessey St		Amount of Each Disbursement this Period 55.66
City New York	State NY Zip Code 10285	
Purpose of Disbursement CC Processing		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.7922
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. Authorize.Net		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2016
Mailing Address PO Box 947		Amount of Each Disbursement this Period 39.20
City American Fork	State UT Zip Code 84003	
Purpose of Disbursement CC Processing		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.7896
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	110.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)
KANSANS FOR MARSHALL

Full Name (Last, First, Middle Initial) A. Blade Empire Publishing Co, Inc		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address PO Box 309		Amount of Each Disbursement this Period 194.30
City Concordia	State KS	
Zip Code 66901	Purpose of Disbursement Advertising (Marshall In-Kind)	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.8130
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Bubba Qs		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address 121 W Main St		Amount of Each Disbursement this Period 323.41
City Beloit	State KS	
Zip Code 67420	Purpose of Disbursement Food/Beverage (Marshall In-Kind)	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.8124
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Faith Publishing LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address 522 S Main St		Amount of Each Disbursement this Period 75.00
City Hugoton	State KS	
Zip Code 67951	Purpose of Disbursement Advertising (Marshall In-Kind)	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.8101
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	592.71
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KANSANS FOR MARSHALL

Full Name (Last, First, Middle Initial) A. Farmers Bank & Trust NA		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2016
Mailing Address 1017 Harrison St.		Amount of Each Disbursement this Period 20.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.7897
City Great Bend	State KS	
Zip Code 67530	Purpose of Disbursement Bank Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Farmers Bank & Trust NA		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2016
Mailing Address 1017 Harrison St.		Amount of Each Disbursement this Period 20.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.7898
City Great Bend	State KS	
Zip Code 67530	Purpose of Disbursement Bank Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Forbes Law Group, LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address 6900 College Blvd Ste 840		Amount of Each Disbursement this Period 1700.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.8108
City Overland Park	State KS	
Zip Code 66211	Purpose of Disbursement Legal Services (Marshall In-Kind)	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1740.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KANSANS FOR MARSHALL

Full Name (Last, First, Middle Initial) A. Golden Belt Printing II LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address 1125 281 Bypass		Amount of Each Disbursement this Period 389.56
City Great Bend	State KS	
Zip Code 67530	Purpose of Disbursement Printing (Marshall In-Kind)	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.8104
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Home Depot		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2016
Mailing Address 2455 Paces Ferry Road		Amount of Each Disbursement this Period 324.62
City Atlanta	State GA	
Zip Code 30339	Purpose of Disbursement Sign Hardware (Marshall In-Kind)	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.8116
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Home Depot		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2016
Mailing Address 2455 Paces Ferry Road		Amount of Each Disbursement this Period 42.24
City Atlanta	State GA	
Zip Code 30339	Purpose of Disbursement Sign Hardware (Marshall In-Kind)	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.8118
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	756.42
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KANSANS FOR MARSHALL

Full Name (Last, First, Middle Initial) A. Trey Joy		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address 811 Boulevard		Amount of Each Disbursement this Period 2000.00
City Smith Center	State KS	
Zip Code 66967	Purpose of Disbursement Operations Consulting	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.7920
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Trey Joy		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2016
Mailing Address 811 Boulevard		Amount of Each Disbursement this Period 425.99
City Smith Center	State KS	
Zip Code 66967	Purpose of Disbursement Reimbursement (See Itemization Memo Entries Below)	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.7921
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Orschlens		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016
Mailing Address 5320 10th St		Amount of Each Disbursement this Period 23.50
City Great Bend	State KS	
Zip Code 67530	Purpose of Disbursement Sign Hardware	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.7921.7
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2425.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KANSANS FOR MARSHALL

Full Name (Last, First, Middle Initial) A. Kwik Shop		Date of Disbursement MM / DD / YYYY 06 / 14 / 2016
Mailing Address 734 E 4th Ave		Amount of Each Disbursement this Period 26.71
City Hutchinson	State KS Zip Code 67501	
Purpose of Disbursement Gas	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.7921.8

Full Name (Last, First, Middle Initial) B. Orschlens		Date of Disbursement MM / DD / YYYY 06 / 26 / 2016
Mailing Address 5320 10th St		Amount of Each Disbursement this Period 64.88
City Great Bend	State KS Zip Code 67530	
Purpose of Disbursement Sign Hardware	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.7921.13

Full Name (Last, First, Middle Initial) C. Dillons		Date of Disbursement MM / DD / YYYY 06 / 28 / 2016
Mailing Address 4107 10th St		Amount of Each Disbursement this Period 26.82
City Great Bend	State KS Zip Code 67530	
Purpose of Disbursement Gas	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.7921.14

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KANSANS FOR MARSHALL

Full Name (Last, First, Middle Initial) A. Casey's General Store		Date of Disbursement MM / DD / YYYY 06 / 29 / 2016
Mailing Address 1420 Foster Rd		Amount of Each Disbursement this Period 29.54
City Ellsworth	State KS	
Zip Code 67439	Purpose of Disbursement Gas	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.7921.15
State: District:		

Full Name (Last, First, Middle Initial) B. ROGER W MARSHALL		Date of Disbursement MM / DD / YYYY 07 / 13 / 2016
Mailing Address 4501 QUAIL CREEK DRIVE		Amount of Each Disbursement this Period 1294.38
City GREAT BEND	State KS	
Zip Code 67530	Purpose of Disbursement In-kind - Mileage	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.8061
State: KS District: 01		

Full Name (Last, First, Middle Initial) c. Orschlens		Date of Disbursement MM / DD / YYYY 07 / 01 / 2016
Mailing Address 5320 10th St		Amount of Each Disbursement this Period 156.52
City Great Bend	State KS	
Zip Code 67530	Purpose of Disbursement Sign Hardware (Marshall In-Kind)	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.8119
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1450.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 52			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
KANSANS FOR MARSHALL

Full Name (Last, First, Middle Initial) A. Orschlens			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016		
Mailing Address 5320 10th St			Amount of Each Disbursement this Period 266.83		
City Great Bend	State KS	Zip Code 67530	<input type="checkbox"/> Memo Item Transaction ID : SB17.8120		
Purpose of Disbursement Sign Hardware (Marshall In-Kind)		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. Orschlens			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016		
Mailing Address 5320 10th St			Amount of Each Disbursement this Period 32.77		
City Great Bend	State KS	Zip Code 67530	<input type="checkbox"/> Memo Item Transaction ID : SB17.8121		
Purpose of Disbursement Sign Hardware (Marshall In-Kind)		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) C. Orschlens			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016		
Mailing Address 5320 10th St			Amount of Each Disbursement this Period 73.86		
City Great Bend	State KS	Zip Code 67530	<input type="checkbox"/> Memo Item Transaction ID : SB17.8122		
Purpose of Disbursement Sign Hardware (Marshall In-Kind)		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	373.46
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 52			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
KANSANS FOR MARSHALL

Full Name (Last, First, Middle Initial) A. Orschlens			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2016		
Mailing Address 5320 10th St			Amount of Each Disbursement this Period 63.84		
City Great Bend	State KS	Zip Code 67530	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Sign Hardware (Marshall In-Kind)		Category/ Type			
Candidate Name		Transaction ID : SB17.8115			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. Orschlens			Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2016		
Mailing Address 5320 10th St			Amount of Each Disbursement this Period 43.28		
City Great Bend	State KS	Zip Code 67530	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Sign Hardware (Marshall In-Kind)		Category/ Type			
Candidate Name		Transaction ID : SB17.8114			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. Orschlens			Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2016		
Mailing Address 5320 10th St			Amount of Each Disbursement this Period 43.28		
City Great Bend	State KS	Zip Code 67530	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Sign Hardware (Marshall In-Kind)		Category/ Type			
Candidate Name		Transaction ID : SB17.8112			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	150.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 52			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
KANSANS FOR MARSHALL

Full Name (Last, First, Middle Initial) A. Orschlens		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2016
Mailing Address 5320 10th St		Amount of Each Disbursement this Period 16.21
City Great Bend	State KS	
Zip Code 67530	Purpose of Disbursement Sign Hardware (Marshall In-Kind)	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.8113
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Eric Pahls		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address 1431 Ponca Ave		Amount of Each Disbursement this Period 1800.00
City Salina	State KS	
Zip Code 67401	Purpose of Disbursement Grassroots Consulting	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.7907
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Eric Pahls		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address 1431 Ponca Ave		Amount of Each Disbursement this Period 50.26
City Salina	State KS	
Zip Code 67401	Purpose of Disbursement Reimbursement (See Itemization Memo Entries Below)	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.7908
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1866.47
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KANSANS FOR MARSHALL

Full Name (Last, First, Middle Initial) A. Kwik Shop		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2016
Mailing Address 734 E 4th Ave		Amount of Each Disbursement this Period 40.12
City Hutchinson	State KS Zip Code 67501	
Purpose of Disbursement Gas	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.7908.1

Full Name (Last, First, Middle Initial) B. Eric Pahls		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address 1431 Ponca Ave		Amount of Each Disbursement this Period 63.39
City Salina	State KS Zip Code 67401	
Purpose of Disbursement Reimbursement (See Itemization Memo Entries Below)	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.7909

Full Name (Last, First, Middle Initial) c. Kwik Shop		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2016
Mailing Address 734 E 4th Ave		Amount of Each Disbursement this Period 12.16
City Hutchinson	State KS Zip Code 67501	
Purpose of Disbursement Gas	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.7909.0

SUBTOTAL of Disbursements This Page (optional).....	63.39
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KANSANS FOR MARSHALL

Full Name (Last, First, Middle Initial) A. Coach's Bar and Grill		Date of Disbursement MM / DD / YYYY 06 / 22 / 2016
Mailing Address 720 S Caroline Ave		Amount of Each Disbursement this Period 44.85
City Junction City	State KS	
Zip Code 66441	Purpose of Disbursement Food/Beverages	Category/Type
Candidate Name	<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.7909.1
State: District:		

Full Name (Last, First, Middle Initial) B. Kwik Shop		Date of Disbursement MM / DD / YYYY 06 / 22 / 2016
Mailing Address 734 E 4th Ave		Amount of Each Disbursement this Period 14.07
City Hutchinson	State KS	
Zip Code 67501	Purpose of Disbursement Gas	Category/Type
Candidate Name	<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.7909.2
State: District:		

Full Name (Last, First, Middle Initial) c. PeopleSmart		Date of Disbursement MM / DD / YYYY 07 / 01 / 2016
Mailing Address PO Box 391146		Amount of Each Disbursement this Period 44.85
City Omaha	State NE	
Zip Code 68139	Purpose of Disbursement Database (Marshall In-Kind)	Category/Type
Candidate Name	<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.8128
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	44.85
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KANSANS FOR MARSHALL

Full Name (Last, First, Middle Initial) A. Grant Rahjes		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address 201 W 4th St Apt 3		Amount of Each Disbursement this Period 400.00
City Hays	State KS Zip Code 67601	
Purpose of Disbursement Grassroots Consulting	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.7910
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Brent Robertson		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address 202 E Iron Ave		Amount of Each Disbursement this Period 5800.00
City Salina	State KS Zip Code 67401	
Purpose of Disbursement Campaign Management Consulting	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.7906
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. Mitch Rucker		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address 45708 SE Hwy 156		Amount of Each Disbursement this Period 1000.00
City Burdett	State KS Zip Code 67523	
Purpose of Disbursement Grassroots Consulting	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.7911
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	7200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 36 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KANSANS FOR MARSHALL

Full Name (Last, First, Middle Initial) A. Mitch Rucker		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address 45708 SE Hwy 156		Amount of Each Disbursement this Period 28.89
City Burdett	State KS	
Zip Code 67523	Purpose of Disbursement Reimbursement	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.7913
State: District:		

Full Name (Last, First, Middle Initial) B. Mitch Rucker		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2016
Mailing Address 45708 SE Hwy 156		Amount of Each Disbursement this Period 563.84
City Burdett	State KS	
Zip Code 67523	Purpose of Disbursement Reimbursement (See Itemization Memo Entries Below)	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.7914
State: District:		

Full Name (Last, First, Middle Initial) c. Kwik Shop		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2016
Mailing Address 734 E 4th Ave		Amount of Each Disbursement this Period 3.27
City Hutchinson	State KS	
Zip Code 67501	Purpose of Disbursement Food/Beverage	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.7914.21
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	592.73
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 52			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
KANSANS FOR MARSHALL

Full Name (Last, First, Middle Initial) A. Kwik Shop			Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2016		
Mailing Address 734 E 4th Ave			Amount of Each Disbursement this Period 13.11		
City Hutchinson	State KS	Zip Code 67501	<input type="checkbox"/> Memo Item Transaction ID : SB17.7914.28		
Purpose of Disbursement Gas		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Kwik Shop			Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2016		
Mailing Address 734 E 4th Ave			Amount of Each Disbursement this Period 2.71		
City Hutchinson	State KS	Zip Code 67501	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.7914.33		
Purpose of Disbursement Food/Beverage		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) c. Coach's Bar and Grill			Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2016		
Mailing Address 720 S Caroline Ave			Amount of Each Disbursement this Period 10.96		
City Junction City	State KS	Zip Code 66441	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.7914.40		
Purpose of Disbursement Food/beverage		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 38 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KANSANS FOR MARSHALL

Full Name (Last, First, Middle Initial) A. Casey's General Store		Date of Disbursement MM / DD / YYYY 06 / 24 / 2016
Mailing Address 1420 Foster Rd		Amount of Each Disbursement this Period 27.33
City Ellsworth	State KS	
Zip Code 67439	Purpose of Disbursement Gas	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.7914.42
State: District:		

Full Name (Last, First, Middle Initial) B. S&R Lawn Service		Date of Disbursement MM / DD / YYYY 07 / 01 / 2016
Mailing Address PO Box 1415		Amount of Each Disbursement this Period 289.91
City Great Bend	State KS	
Zip Code 67530	Purpose of Disbursement Sign Hardware (Marshall In-Kind)	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.8103
State: District:		

Full Name (Last, First, Middle Initial) C. Strategic Media Services, Inc.		Date of Disbursement MM / DD / YYYY 07 / 05 / 2016
Mailing Address 1911 N Fort Myer Dr Ste 400		Amount of Each Disbursement this Period 54183.00
City Arlington	State VA	
Zip Code 22209	Purpose of Disbursement Advertising	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.7899
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	54472.91
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 39 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KANSANS FOR MARSHALL

Full Name (Last, First, Middle Initial) A. Strategic Media Services, Inc.			Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2016	
Mailing Address 1911 N Fort Myer Dr Ste 400			Amount of Each Disbursement this Period 73509.00	
City Arlington	State VA	Zip Code 22209	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Advertising		Category/ Type		
Candidate Name			Transaction ID : SB17.7900	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Super 8			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016	
Mailing Address 1410 28th St			Amount of Each Disbursement this Period 79.75	
City Belleville	State KS	Zip Code 66935	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Travel (Marshall In-Kind)		Category/ Type		
Candidate Name			Transaction ID : SB17.8127	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Syracuse Journal			Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2016	
Mailing Address PO Box 96			Amount of Each Disbursement this Period 111.00	
City Ellinwood	State KS	Zip Code 67526	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Advertising (Marshall In-Kind)		Category/ Type		
Candidate Name			Transaction ID : SB17.8100	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	73699.75
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KANSANS FOR MARSHALL

Full Name (Last, First, Middle Initial) A. The J Harris Company LLC			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016	
Mailing Address 1301 Souwthwest Blvd			Amount of Each Disbursement this Period 75000.00	
City Jefferson City	State MO	Zip Code 65109	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Advertising		Category/ Type	Transaction ID : SB17.7902	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. WalMart			Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2016	
Mailing Address 3503 10th St			Amount of Each Disbursement this Period 134.27	
City Great Bend	State KS	Zip Code 67530	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Food/Beverage (Marshall In-Kind)		Category/ Type	Transaction ID : SB17.8110	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. WalMart			Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2016	
Mailing Address 3503 10th St			Amount of Each Disbursement this Period 146.01	
City Great Bend	State KS	Zip Code 67530	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Food/Beverage (Marshall In-Kind)		Category/ Type	Transaction ID : SB17.8117	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	75280.28
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 41 OF 52	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
KANSANS FOR MARSHALL

Full Name (Last, First, Middle Initial) A. WalMart		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2016
Mailing Address 3503 10th St		Amount of Each Disbursement this Period 307.65
City Great Bend	State KS	
Zip Code 67530	Purpose of Disbursement Food/Beverage (Marshall In-Kind)	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.8099
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. WalMart		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2016
Mailing Address 3503 10th St		Amount of Each Disbursement this Period 43.04
City Great Bend	State KS	
Zip Code 67530	Purpose of Disbursement Food/Beverage (Marshall In-Kind)	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.8109
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Wamego Chamber of Commerce		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address 529 Lincoln Ave		Amount of Each Disbursement this Period 170.00
City Wamego	State KS	
Zip Code 66547	Purpose of Disbursement Event Tickets (Marshall In-Kind)	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.8106
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	520.69
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KANSANS FOR MARSHALL

A. Wamego Inn and Suites

Full Name (Last, First, Middle Initial)
Mailing Address 1300 Lilac In

City Wamego State KS Zip Code 66547

Purpose of Disbursement Travel (Marshall In-Kind)

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 01 / 2016

Amount of Each Disbursement this Period: 85.63

Memo Item

Transaction ID : SB17.8125

B. Wheatland Card Solutions

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 1242

City Wichita State KS Zip Code 67201

Purpose of Disbursement Credit Card Payment (See Itemization Memo Entries)

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 01 / 2016

Amount of Each Disbursement this Period: 1677.98

Memo Item

Transaction ID : SB17.7903

C. WalMart

Full Name (Last, First, Middle Initial)
Mailing Address 3503 10th St

City Great Bend State KS Zip Code 67530

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 27 / 2016

Amount of Each Disbursement this Period: 107.60

Memo Item

Transaction ID : SB17.7903.0

SUBTOTAL of Disbursements This Page (optional) 1763.61

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 52			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
KANSANS FOR MARSHALL

Full Name (Last, First, Middle Initial) A. Clarion Inn			Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016		
Mailing Address 1911 E. Kansas Ave.			Amount of Each Disbursement this Period 11.75		
City Garden City	State KS	Zip Code 67846	<input type="checkbox"/> Memo Item Transaction ID : SB17.7903.1		
Purpose of Disbursement Travel		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. Clarion Inn			Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2016		
Mailing Address 1911 E. Kansas Ave.			Amount of Each Disbursement this Period 117.28		
City Garden City	State KS	Zip Code 67846	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.7903.2		
Purpose of Disbursement Trave;		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. Verizon			Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2016		
Mailing Address PO Box 4002			Amount of Each Disbursement this Period 207.96		
City Acworth	State GA	Zip Code 30101	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.7903.3		
Purpose of Disbursement Phone Service		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KANSANS FOR MARSHALL

Full Name (Last, First, Middle Initial) A. Junction City Chamber of Commerce		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2016
Mailing Address 222 W 6th St PO Box 26		Amount of Each Disbursement this Period 24.00
City Junction City	State KS	
Zip Code 66441	Purpose of Disbursement Event Tickets	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.7903.4
State: District:		

Full Name (Last, First, Middle Initial) B. Courtyard		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2016
Mailing Address 310 Hammons Dr		Amount of Each Disbursement this Period 135.67
City Junction City	State KS	
Zip Code 66441	Purpose of Disbursement Travel	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.7903.5
State: District:		

Full Name (Last, First, Middle Initial) C. WalMart		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2016
Mailing Address 3503 10th St		Amount of Each Disbursement this Period 110.91
City Great Bend	State KS	
Zip Code 67530	Purpose of Disbursement Office Supplies	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.7903.8
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KANSANS FOR MARSHALL

Full Name (Last, First, Middle Initial) A. Hampton Inn			Date of Disbursement MM / DD / YYYY 06 / 11 / 2016	
Mailing Address 7390 Jones Branch Dr			Amount of Each Disbursement this Period 127.80	
City McLean	State VA	Zip Code 22102	<input type="checkbox"/> Memo Item Transaction ID : SB17.7903.9	
Purpose of Disbursement Travel		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Heritage Inn			Date of Disbursement MM / DD / YYYY 06 / 11 / 2016	
Mailing Address 1212 Stone Creek Dr			Amount of Each Disbursement this Period 152.64	
City Garden City	State KS	Zip Code 67846	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.7903.11	
Purpose of Disbursement Travel		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Heritage Inn			Date of Disbursement MM / DD / YYYY 06 / 11 / 2016	
Mailing Address 1212 Stone Creek Dr			Amount of Each Disbursement this Period 152.64	
City Garden City	State KS	Zip Code 67846	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.7903.12	
Purpose of Disbursement Travel		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KANSANS FOR MARSHALL

Full Name (Last, First, Middle Initial) A. Heritage Inn		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2016
Mailing Address 1212 Stone Creek Dr		Amount of Each Disbursement this Period 76.32
City Garden City State KS Zip Code 67846	Purpose of Disbursement Travel	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.7903.13
State: District:		

Full Name (Last, First, Middle Initial) B. Wheatland Card Solutions		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2016
Mailing Address PO Box 1242		Amount of Each Disbursement this Period 171.48
City Wichita State KS Zip Code 67201	Purpose of Disbursement CC Processing	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.7904
State: District:		

Full Name (Last, First, Middle Initial) C. Bill Wozniak		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address 1431 Ponca Ave		Amount of Each Disbursement this Period 1200.00
City Salina State KS Zip Code 67401	Purpose of Disbursement Grassroots Consulting	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.7905
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1371.48
TOTAL This Period (last page this line number only).....	225645.72

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **KANSANS FOR MARSHALL** Transaction ID : **SC/10.4916**

LOAN SOURCE Full Name (Last, First, Middle Initial) PERSONAL FUNDS <input type="checkbox"/> Memo Item ROGER W MARSHALL	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 4501 QUAIL CREEK DRIVE	

City	State	ZIP Code
GREAT BEND	KS	67530

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
4000.00	0.00	4000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
02 / 05 / 2015	3/12/2030	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	4000.00
TOTALS This Period (last page in this line only).....	▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **KANSANS FOR MARSHALL** Transaction ID : **SC/10.4917**

LOAN SOURCE Full Name (Last, First, Middle Initial) PERSONAL FUNDS <input type="checkbox"/> Memo Item ROGER W MARSHALL	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 4501 QUAIL CREEK DRIVE	

City	State	ZIP Code
GREAT BEND	KS	67530

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	04 / 06 / 2015	4/7/2030	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....	▶	<input type="text" value="25000.00"/>
TOTALS This Period (last page in this line only).....	▶	<input type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **KANSANS FOR MARSHALL** Transaction ID : **SC/10.5161**

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item
ROGER W MARSHALL

Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address
 4501 QUAIL CREEK DRIVE

City State ZIP Code
 GREAT BEND KS 67530

Original Amount of Loan 50000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50000.00
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TERMS

Date Incurred: M 09 / D 30 / Y 2015
 Date Due: M / D / Y 9/30/2035
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 50000.00

TOTALS This Period (last page in this line only)..... ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **KANSANS FOR MARSHALL** Transaction ID : **SC/10.5588**

LOAN SOURCE Full Name (Last, First, Middle Initial) PERSONAL FUNDS <input type="checkbox"/> Memo Item ROGER W MARSHALL	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 4501 QUAIL CREEK DRIVE	

City	State	ZIP Code
GREAT BEND	KS	67530

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
40000.00	0.00	40000.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	M 12 / D 31 / Y 2015	M / D / Y 12/31/2030	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	40000.00
TOTALS This Period (last page in this line only).....	▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **KANSANS FOR MARSHALL** Transaction ID : **SC/10.5589**

LOAN SOURCE Full Name (Last, First, Middle Initial) PERSONAL FUNDS <input type="checkbox"/> Memo Item ROGER W MARSHALL	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 4501 QUAIL CREEK DRIVE	

City	State	ZIP Code
GREAT BEND	KS	67530

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
30000.00	0.00	30000.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	M M / D D / Y Y Y Y 12 / 31 / 2015	M M / D D / Y Y Y Y 12/31/2030	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....	<input type="text" value="30000.00"/>
TOTALS This Period (last page in this line only).....	<input type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.6260

KANSANS FOR MARSHALL

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item
ROGER W MARSHALL

Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address
4501 QUAIL CREEK DRIVE

City State ZIP Code
GREAT BEND KS 67530

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
50000.00 0.00 50000.00

TERMS Date Incurred Date Due Interest Rate Secured:
M 03 / D 31 / Y 2016 M M / D D / Y 12/31/2013 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 50000.00
TOTALS This Period (last page in this line only)..... ▶ 199000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.