FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) MANN FOR CONGRESS PO Box 1084 ADDRESS (number and street) (Check if address is changed) Salina 67402-1084 KS CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address info@traceymann.com is changed) Optional Second E-Mail Address les@leswilliamson.com COMMITTEE'S WEB PAGE ADDRESS (URL) traceymann.com (Check if address is changed) DATE 2025 C00460659 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Knopf, Justin, J., Date 01 24 2025 Signature of Treasurer Knopf, Justin, J.,, NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

EC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X This committee is a principal campaign committee. (Complete the candidate information below.)	
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete t information below.)	he candidate
Name of Candidate Mann, Tracey, Robert, ,	
Candidate Party Affiliation REP Office Sought: House Senate President	State KS District 01
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the Republican	tic, n, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ted organization is a:
Corporation Corporation w/o Capital Stock Labor	Organization
Membership Organization Trade Association Cooper	_
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregat committee. (i.e., nonconnected committee)	ed fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid F	PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
Committees Participating in Joint Fundraiser	
1C	

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	FEC Form 1 (Revised 0	2/2009)		Page 3
V	Vrite or Type Committee Name	100500		
	MANN FOR COI			
6.		ganization, Affiliated Committee, Joint Fundraising Rep	oresentative, or Le	eadership PAC Sponsor
	Mann Victory Fund			
	Mailing Address	PO Box 1084		
		Salina	KS 6	7402-1084
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraisin	ng Representative	Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position	of the person in po	ossession of committee
	Williamson,	Les, , ,		
	Mailing Address	PO Box 1084		
		Salina	KS 6	7402-1084
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼	0111 2	SIAIL =	ZII OODE =
	Custodian of Records	Telephone nu	umber 214	_ 676 7442
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the ssistant treasurer).	ne committee; and	the name and address of
	Full Name Knopf, Just	in, J., .		
	of Treasurer			
	Mailing Address	6544 S Kipp Road		
		Gypsum	LKS L6	7448-9772
		CITY A	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Trocourer		. 705	452 5550

Telephone number

FEC Form	(Revised 02/2009)	Page 4	I
Full Name of Designated Agent	Williamson, Les, , ,		
Mailing Address	PO Box 1084		
	Salina	KS 67402-1084	
Title or Position	CITY ▲	STATE ▲ ZIP CODE ▲	
Assistant Treasu	rer	none number 214 - 676 - 7	/442
	Depositories: List all banks or other depositories in which the exes or maintains funds.	committee deposits funds, holds accounts, ren	nts
Name of Bank, I	Depository, etc.		
	UMB Bank		
Mailing Address	100 S Santa Fe Ave		
	Salina	KS 67401	
	CITY ▲	STATE ▲ ZIP CODE ▲	
Name of Bank, [Depository, etc.		
	Classic City Bank		
Mailing Address	2365 W Broad Street		
	Athens	GA 30606	
	CITY A	STATE ▲ ZIP CODE ▲	

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

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected Americans For Bbq	Organization, Affiliated Committee, Joint F	undraising Representativ	e, or Leadership PAC Spons
Mailing Address	824 Milledge Cir		
	Ste 101		
	Athens	GA	30606-
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Affiliated Committee X fy by name, address (phone number – optional	Joint Fundraising Represen	Leadership PAC 3p
			tative Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional		ZIP CODE A
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional	al)	
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or m	fy by name, address (phone number – optional state of the control	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	cories: List all banks or other depositories in waintains funds. Bridge Bank	STATE A Telephone Number	ZIP CODE A

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

(h). Joint Fundraisin	3		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected Kansas First Victory (Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Spon
1			
Mailing Address	1305 W 11th St		
	213		
	Houston	TX	77008-
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected	d Organization Affiliated Committee X Joint	Fundraising Representa	Leadership PAC Sp
	d Organization Affiliated Committee X Joint y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional)	Fundraising Representation	Leadership PAC Sp
esignated Agent: Identify	y by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name	y by name, address (phone number – optional) CITY CITY Te ries: List all banks or other depositories in which saintains funds.	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or material depositors, etc. Wells Fepository, etc.	y by name, address (phone number – optional) CITY CITY Te ries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A

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

(h). Joint Fundraisi	ng Participant:			
1.		FEC II	0 number	С
2.		FEC II	0 number	С
3.		FEC II	0 number	C
4.		FEC II	0 number	C
Name of Any Connected	Organization, Affiliated Committee, Jo Fund	int Fundraising Re	oresentative	e, or Leadership PAC Spons
Mailing Address	555 Metro PI N			
	Ste 525			
	Dublin		OH	43017-1342
			STATE A	ZIP CODE ▲
	CITY ▲ d Organization Affiliated Committee y by name, address (phone number – op	✓ Joint Fundraising stional)		ative Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	d Organization Affiliated Committee			ative Leadership PAC Spo
Connecte Designated Agent: Identi	d Organization Affiliated Committee			ative Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	d Organization Affiliated Committee			Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	d Organization Affiliated Committee y by name, address (phone number – op	otional)	g Representa	
Connecte Designated Agent: Identi Full Name	d Organization Affiliated Committee y by name, address (phone number – op	otional)		Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	d Organization Affiliated Committee y by name, address (phone number – op	otional)	g Representa	
Connected Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or many and the content of t	Affiliated Committee by by name, address (phone number – op CITY CITY Pries: List all banks or other depositories	Telephone N	g Representa	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Sanks or Other Deposite Safety deposit boxes or make the safety deposit boxes or ma	Affiliated Committee by by name, address (phone number – op CITY CITY Ories: List all banks or other depositories aintains funds. Bridge Bank	Telephone N	g Representa	ZIP CODE A

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

(h). Joint Fundraisi r	ig Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Americans For BBQ	2025		
Mailing Address	824 Milledge Cir		
Č	Ste 101		
	Athens	GA	30606-
Dalatianahia	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	ative Leadership PAC Sp
Connecte	d Organization Affiliated Committee X Joint		ative Leadership PAC Sp
Connecte esignated Agent: Identif	d Organization Affiliated Committee X Joint		ative Leadership PAC Sp
Connecte esignated Agent: Identif	d Organization Affiliated Committee X Joint		ative Leadership PAC Sp
Connecte esignated Agent: Identif	d Organization Affiliated Committee X Joint		ative Leadership PAC Sp
Connecte esignated Agent: Identif	d Organization Affiliated Committee X Joint y by name, address (phone number – optional)		Leadership PAC Sp
esignated Agent: Identification Full Name Mailing Address	Affiliated Committee X Joint y by name, address (phone number – optional) CITY	Fundraising Representation	
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	Affiliated Committee X Joint by by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds.	Fundraising Representation	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mailing ame of Bank, epository, etc.	Affiliated Committee X Joint y by name, address (phone number – optional) CITY CITY Teleprises: List all banks or other depositories in which aintains funds. Bank	Fundraising Representation	ZIP CODE A