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FEC FORM 1	STATEMEN ORGANIZA	TOKE STATE	CHAIL CENTER GOL 12 PM 1: 04 Office Use Only		
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	Ē4M5		
Avistin Pet	erisien for	U.S. Siemartie			
ADDRESS (number and street)	2081 W. 11971 151 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
☐ ◀ (Check if address is changed)					
	KIAINISIAISI CITY	TIY MIC STATE			
COMMITTEE'S E-MAIL ADDR	ESS				
☐ ◀ (Check if address is changed)	bieifificeivial	ticionisiuil tiing.	COM		
	Optional Second E-Mail Add	dress			
COMMITTEE'S WEB PAGE A (Check if address is changed)	laivisitiinipieit	<u>ieiris Einiii Cioimi IIII</u>			
2. DATE 0.7	2 <u>Ø 1 7</u> NUMBER ► C				
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)			
I certify that I have examined	this Statement and to the best	t of my knowledge and belief it is true	correct and complete.		
Type or Print Name of Treasu	irer Larson	, Jeffrey			
Signature of Treasurer	Sie	Date	<u>#7</u>		
NOTE: Submission of false, err	oneous, or incomplete information ANY CHANGE IN INFORMA	may subject the person signing this Sta	tement to the penalties of 52 U.S.C. §30109.		
Office Use Only		For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 06/2012)		

	F	EC Fori	n 1 (Revised 02/2009) Page 2	
i.		TYPE OF COMMITTEE		
	Can	andidate 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 the candidate information below.)	
	Name Cand		Piertierisien, Austrin IIII	
	Cand Party	idate Affiliatio	Office State M.U. No State M.U. State M.U. District District	
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Cano	e of lidate		
	Par	ty Con	nmittee: (Democratic,	
	(d)		This committee is a or subordinate) committee of the Republican, etc.) Party.	
	Poli	tical A	ction Committee (PAC):	
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:	
			Corporation Corporation Wo Capital Stock Labor Organization	
			Membership Organization Trade Association Cooperative	
			In addition, this committee is a Lobbyist/Registrant PAC.	
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)	
			In addition, this committee is a Lobbyist/Registrant PAC.	
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joi	nt Fun	draising Representative:	
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.	
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.	
		Cor	nmittees Participating in Joint Fundraiser	
		1.	FEC ID number C	
		2.	FEC ID number	
		3.	FEC ID number	
		4.	FEC ID number	

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FEC Form 1 (Revised 02/2009)	Page 3
Write or Type Committee Name	
Austin Petersen for US Senate	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Lead	dership PAC Sponsor
MIGINIE	<u> </u>
Mailing Address	1111111
	<u> </u>
CITY STATE	ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
· ш — — — — — — — — — — — — — — — — — — —	
Custodian of Records: Identify by name, address (phone number optional) and position of the person in books and records.	n possession of committee
Full Name Carison, Jeffier	<u> </u>
12 da W 1.0 + 1. 5. +	
Mailing Address	
	11 Nal [2, M, M, 7]
[Kainslais City Mill lai	4,1,018]-12,010,21
Title or Position CITY STATE	ZIP CODE
TITIEIQISIVITIEITI IIIIIIIIIIIIIIIIIIIIIIIIIIIIII	- <u></u> -
 Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the any designated agent (e.g., assistant treasurer). 	ne name and address of
Full Name of Treasurer Ciairision, Jefffiery	
Mailing Address 2091 W 191th St.	
Kansas Gity MO La	411,018]-12,0192 ZIP CODE
Title or Position Trelephone number	

CITY

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent

Mailing Address

Title or Position

Page 4

ZIP CODE

STATE

Hustin retersen for us senate 208 W 19th St Kausas City, MO 64108



Federal Election Convission 999 E St, NW Washington DC 20463 SOLT JUL 12 FEC MAIL CENTER

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DANA IL MACTALLUM SUPERINTENDENT

HART SENATE OFFICE BUILDING SUITE 232

United States Senate

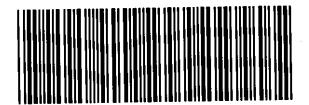
OFFICE OF THE SECRETARY

WASHINGTION, DC 20510-7116 PHONE(202) 224-0322

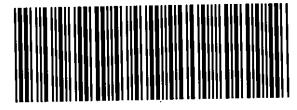
OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVEREDDate of Receipt
USPS FIRST CLASS MAIL
USPS REGISTERED/CERTIFIED
USPS PRIORITY MAIL
Postmark
DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL
USPS EXPRESS MAILPostmark
OVERNIGHT DELIVERY SERVICE: SHIPPING DATE NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS
UPS
DHL
AIRBORNE EXPRESS
RECEIVED FROM FEDERAL ELECTION COMMISSION Date of Receipt
POSTMARK ILLEGIBLE NO POSTMARK
FAXDate of Receipt
OTHER
OTHER



SEN PATCH



SEN PATCH