

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Kansans for Marshall

ADDRESS (number and street)

PO Box 1588

Check if different than previously reported. (ACC)

Great Bend

KS

67530

2. FEC IDENTIFICATION NUMBER ▼

C C00576173

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

KS

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Richard A Ball

Signature of Treasurer Richard A Ball

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3 (Revised 02/2003)

**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))....	111612.44	375717.99
(b) Total Contribution Refunds (from Line 20(d)) .....	.00	2700.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	111612.44	373017.99
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	32768.02	180687.74
(b) Total Offsets to Operating Expenditures (from Line 14).....	13.92	13.92
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	32754.10	180673.82
8. Cash on Hand at Close of Reporting Period (from Line 27).....	341344.17	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	149000.00	

**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).....	81005.00	311285.00
(ii) Unitemized .....	4060.00	30175.00
(iii) TOTAL of contributions from individuals .....	85065.00	341460.00
(b) Political Party Committees.....	.00	.00
(c) Other Political Committees (such as PACs).....	21500.00	24200.00
(d) The Candidate .....	5047.44	10057.99
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	111612.44	375717.99
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	.00	.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	70000.00	149000.00
(b) All Other Loans.....	.00	.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	70000.00	149000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	13.92	13.92
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	.00	.00
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	181626.36	524731.91

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	32768.02	180687.74
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	.00	.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	.00	.00
(b) Of All Other Loans .....	.00	.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	.00	.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	.00	.00
(b) Political Party Committees.....	.00	.00
(c) Other Political Committees (such as PACs).....	.00	2700.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	.00	2700.00
21. OTHER DISBURSEMENTS .....	.00	.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	32768.02	183387.74

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	192485.83
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	181626.36
25. SUBTOTAL (add Line 23 and Line 24).....	374112.19
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	32768.02
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	341344.17

**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 92
	<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)  
**Lyons Ranch LLC**

Mailing Address 2481 Mcdowell Creek Spur

City State Zip Code  
Manhattan KS 66502

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 19 / 2015

**Transaction ID : SA11Ai-CN1694**

Amount of Each Receipt this Period  
 2000.00

**B.** Full Name (Last, First, Middle Initial)  
**Janet F Lyons**

Mailing Address 2481 Mcdowell Creek Spur

City State Zip Code  
Manhattan KS 66502

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

Name of Employer Occupation  
Lyons Ranch LLC Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 19 / 2015

**Transaction ID : SA11Ai-CN1695**

Amount of Each Receipt this Period  
 2000.00

Partnership-Lyons Ranch LLC

**[MEMO ITEM]**  
 \$2000.00 MEMO Partnership Attributed

**C.** Full Name (Last, First, Middle Initial)  
**M. Steven Enterprises LLC**

Mailing Address 6631 E. Kellogg

City State Zip Code  
Wichita KS 67207

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2015

**Transaction ID : SA11Ai-CN1608**

Amount of Each Receipt this Period  
 2700.00

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

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

4700.00

**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 6 OF 92
	<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)  
**Mike Steven**

Mailing Address 6631 E. Kellogg

City State Zip Code  
Wichita KS 67207

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

Name of Employer Occupation  
Mike Steven Auto Group Car Dealer

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  
 10 / 21 / 2015

**Transaction ID : SA11Ai-CN1609**

Amount of Each Receipt this Period  
2700.00

Partnership-M. Steven Enterprises LLC

**[MEMO ITEM]**  
\$2700.00 MEMO Partnership Attributed

**B.** Full Name (Last, First, Middle Initial)  
**Prairie Horizon Agri-Energy LLC**

Mailing Address PO Box 368

City State Zip Code  
Phillipsburg KS 67661

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

Name of Employer Occupation

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  
 10 / 12 / 2015

**Transaction ID : SA11Ai-CN1587**

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Rick Jarvis**

Mailing Address 326 E. Quail Rd.

City State Zip Code  
Phillipsburg KS 67661

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

Name of Employer Occupation  
Self Employed Farmer/Rancher

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  
 10 / 12 / 2015

**Transaction ID : SA11Ai-CN1588**

Amount of Each Receipt this Period  
450.00

Partnership-Prairie Horizon Agri-Energ

**[MEMO ITEM]**  
\$450.00 MEMO Partnership Attributed

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

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

2700.00

**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 92
	<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)  
**Denis W Miller**

Mailing Address 625 Jansonius Dr

City Phillipsburg State KS Zip Code 67661

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

Name of Employer **Mapes & Miller LLP CPA's** Occupation **CPA**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **575.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 12 / 2015

**Transaction ID : SA11Ai-CN1589**

Amount of Each Receipt this Period  
 450.00  
 Partnership-Prairie Horizon Agri-Energ

**[MEMO ITEM]**  
 \$450.00 MEMO Partnership Attributed

**B.** Full Name (Last, First, Middle Initial)  
**Daniel L Heinze**

Mailing Address PO Box 386

City Phillipsburg State KS Zip Code 67661

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

Name of Employer **Mid-America Real Estate** Occupation **Realtor**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **475.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 12 / 2015

**Transaction ID : SA11Ai-CN1590**

Amount of Each Receipt this Period  
 450.00  
 Partnership-Prairie Horizon Agri-Energ

**[MEMO ITEM]**  
 \$450.00 MEMO Partnership Attributed

**C.** Full Name (Last, First, Middle Initial)  
**Monte J Abell**

Mailing Address 759 Hwy 36

City Phillipsburg State KS Zip Code 67611

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

Name of Employer **Farmers National Bank** Occupation **President**

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  
 10 / 12 / 2015

**Transaction ID : SA11Ai-CN1591**

Amount of Each Receipt this Period  
 450.00  
 Partnership-Prairie Horizon Agri-Energ

**[MEMO ITEM]**  
 \$450.00 MEMO Partnership Attributed

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

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

0.00

**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 92  
(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)  
**Wayne L Beckman**

Mailing Address 125 N Adams St

City Kensington State KS Zip Code 66951

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

Name of Employer Kensington Lockers Occupation Owner

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  
 10 / 12 / 2015

**Transaction ID : SA11Ai-CN1592**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 450.00

Partnership-Prairie Horizon Agri-Energ

**[MEMO ITEM]**  
 \$450.00 MEMO Partnership Attributed

**B.** Full Name (Last, First, Middle Initial)  
**Calvin J Schemper**

Mailing Address 1219 W 1500 Rd

City Prairie View State KS Zip Code 67664

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

Name of Employer Self Employed Occupation Farmer/Rancher

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  
 10 / 12 / 2015

**Transaction ID : SA11Ai-CN1593**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 450.00

Partnership-Prairie Horizon Agri-Energ

**[MEMO ITEM]**  
 \$450.00 MEMO Partnership Attributed

**C.** Full Name (Last, First, Middle Initial)  
**Prairie Horizon Agri-Energy LLC**

Mailing Address PO Box 368

City Phillipsburg State KS Zip Code 67661

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 12 / 2015

**Transaction ID : SA11Ai-CN1594**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2700.00

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

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

\_\_\_\_\_ 2700.00

\_\_\_\_\_



**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 92
	<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)  
**Monte J Abell**

Mailing Address 759 Hwy 36

City Phillipsburg State KS Zip Code 67611

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

Name of Employer Farmers National Bank Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **900.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 12 / 2015

**Transaction ID : SA11Ai-CN1595**

Amount of Each Receipt this Period  
**450.00**  
 Partnership-Prairie Horizon Agri-Energ

**[MEMO ITEM]**  
 \$450.00 MEMO Partnership Attributed

**B.** Full Name (Last, First, Middle Initial)  
**Rick Jarvis**

Mailing Address 326 E. Quail Rd.

City Phillipsburg State KS Zip Code 67661

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

Name of Employer Self Employed Occupation Farmer/Rancher

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **900.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 12 / 2015

**Transaction ID : SA11Ai-CN1596**

Amount of Each Receipt this Period  
**450.00**  
 Partnership-Prairie Horizon Agri-Energ

**[MEMO ITEM]**  
 \$450.00 MEMO Partnership Attributed

**C.** Full Name (Last, First, Middle Initial)  
**Denis W Miller**

Mailing Address 625 Jansonius Dr

City Phillipsburg State KS Zip Code 67661

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

Name of Employer Mapes & Miller LLP CPA's Occupation CPA

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1025.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 12 / 2015

**Transaction ID : SA11Ai-CN1597**

Amount of Each Receipt this Period  
**450.00**  
 Partnership-Prairie Horizon Agri-Energ

**[MEMO ITEM]**  
 \$450.00 MEMO Partnership Attributed

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

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

**0.00**

**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 92
	<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)  
**Daniel L Heinze**

Mailing Address **PO Box 386**

City **Phillipsburg** State **KS** Zip Code **67661**

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

Name of Employer **Mid-America Real Estate** Occupation **Realtor**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **925.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 12 / 2015**

**Transaction ID : SA11Ai-CN1598**

Amount of Each Receipt this Period  
**450.00**  
 Partnership-Prairie Horizon Agri-Energ

**[MEMO ITEM]**  
**\$450.00 MEMO Partnership Attributed**

**B.** Full Name (Last, First, Middle Initial)  
**Wayne L Beckman**

Mailing Address **125 N Adams St**

City **Kensington** State **KS** Zip Code **66951**

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

Name of Employer **Kensington Lockers** Occupation **Owner**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **900.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 12 / 2015**

**Transaction ID : SA11Ai-CN1599**

Amount of Each Receipt this Period  
**450.00**  
 Partnership-Prairie Horizon Agri-Energ

**[MEMO ITEM]**  
**\$450.00 MEMO Partnership Attributed**

**C.** Full Name (Last, First, Middle Initial)  
**Calvin J Schemper**

Mailing Address **1219 W 1500 Rd**

City **Prairie View** State **KS** Zip Code **67664**

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

Name of Employer **Self Employed** Occupation **Farmer/Rancher**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **900.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 12 / 2015**

**Transaction ID : SA11Ai-CN1600**

Amount of Each Receipt this Period  
**450.00**  
 Partnership-Prairie Horizon Agri-Energ

**[MEMO ITEM]**  
**\$450.00 MEMO Partnership Attributed**

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

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

**0.00**

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

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

FOR LINE NUMBER: PAGE 11 OF 92  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

**A.** Full Name (Last, First, Middle Initial)  
**Royal Farms Dairy LLC**

Mailing Address 3705 F Road

City State Zip Code  
Garden City KS 67846

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2015

**Transaction ID : SA11Ai-CN1662**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Stephen J. Irsik Jr**

Mailing Address 5405 6 Rd

City State Zip Code  
Ingalls KS 67853

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

Name of Employer Occupation  
Royal Dairy Farms LLC Owner/Operator

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2015

**Transaction ID : SA11Ai-CN1663**

Amount of Each Receipt this Period  
 1000.00

Partnership-Royal Farms Dairy LLC

**[MEMO ITEM]**  
 \$1000.00 MEMO Partnership Attributed

**C.** Full Name (Last, First, Middle Initial)  
**Syracuse Dairy LLC**

Mailing Address 751 SE Cr 36

City State Zip Code  
Syracuse KS 67878

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 19 / 2015

**Transaction ID : SA11Ai-CN1696**

Amount of Each Receipt this Period  
 1500.00

**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 12 OF 92
	<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)  
**Mr. Jay Houtsma**

Mailing Address 751 SE Cr 36

City State Zip Code  
Syracuse KS 67878

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

Name of Employer Occupation  
Syracuse Dairy LLC Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 19 / 2015

**Transaction ID : SA11Ai-CN1697**

Amount of Each Receipt this Period  
1500.00

Partnership-Syracuse Dairy LLC

**[MEMO ITEM]**  
\$1500.00 MEMO Partnership Attributed

**B.** Full Name (Last, First, Middle Initial)  
**Dr. George Michael Allison**

Mailing Address 1709 Pinehurst Ter

City State Zip Code  
Great Bend KS 67530

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

Name of Employer Occupation  
G. Michael Allison Dentist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2015

**Transaction ID : SA11Ai-CN1699**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Steve R Baize**

Mailing Address 3202 Broadway

City State Zip Code  
Great Bend KS 67530

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

Name of Employer Occupation  
Self Employed Oilfield

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  
 12 / 03 / 2015

**Transaction ID : SA11Ai-CN1721**

Amount of Each Receipt this Period  
250.00

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

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

750.00

**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 13 OF 92
	<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)  
**Lois E Ball**

Mailing Address 119 NE 30 Rd

City: Great Bend State: KS Zip Code: 67530

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

Name of Employer: Ball Consulting Group Occupation: Secretary

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 11 / 12 / 2015

**Transaction ID : SA11Ai-CN1670**

Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Lois E Ball**

Mailing Address 119 NE 30 Rd

City: Great Bend State: KS Zip Code: 67530

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

Name of Employer: Ball Consulting Group Occupation: Secretary

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2700.00

Date of Receipt: 12 / 31 / 2015

**Transaction ID : SA11Ai-CN1765**

Amount of Each Receipt this Period: 1700.00

**C.** Full Name (Last, First, Middle Initial)  
**Robert Emmett Bauer**

Mailing Address 2401 Canterbury Ln

City: Great Bend State: KS Zip Code: 67530

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

Name of Employer: Bauer & Pike LLC Occupation: Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 600.00

Date of Receipt: 11 / 30 / 2015

**Transaction ID : SA11Ai-CN1715**

Amount of Each Receipt this Period: 600.00

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

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

3300.00

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

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

FOR LINE NUMBER: PAGE 14 OF 92  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

**A.** Full Name (Last, First, Middle Initial)  
**Susan Jean Bauer**

Mailing Address 3022 Broadway

City State Zip Code  
Great Bend KS 67530

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

Name of Employer Occupation  
Great Bend Children's Clinic Nurse Practitioner

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  
 11 / 25 / 2015

**Transaction ID : SA11Ai-CN1709**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Donald Gene Bickle Sr**

Mailing Address 3511 B Fairway Dr

City State Zip Code  
Hays KS 67601

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

Name of Employer Occupation  
Federated Auto Parts Chairman

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  
 11 / 06 / 2015

**Transaction ID : SA11Ai-CN1660**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Sylvan D Bleeker**

Mailing Address 5268 Timber Creek

City State Zip Code  
Great Bend KS 67530

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

Name of Employer Occupation  
Retired 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  
 11 / 20 / 2015

**Transaction ID : SA11Ai-CN1689**

Amount of Each Receipt this Period  
250.00

**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 15 OF 92
	<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)  
**Barbara Ellen Boettcher**

Mailing Address 1205 Stacy Ln

City Manhattan State KS Zip Code 66503

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

Name of Employer Retired 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  
 10 / 19 / 2015

**Transaction ID : SA11Ai-CN1604**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Jarold William Boettcher**

Mailing Address 1205 Stacy Ln

City Manhattan State KS Zip Code 66503

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

Name of Employer Boettcher Enterprises Occupation Ag. Business Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 19 / 2015

**Transaction ID : SA11Ai-CN1603**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Linda L. Bonewell**

Mailing Address 809 Coolidge Apt 233

City Great Bend State KS Zip Code 67530

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

Name of Employer Fuller Industries LLC Occupation Human Resources Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 01 / 2015

**Transaction ID : SA11Ai-CN1576**

Amount of Each Receipt this Period  
 25.00

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

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

525.00

**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 16 OF 92
	<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)  
**Dan R Bonine**

Mailing Address 3901 19th Street

City State Zip Code  
Great Bend KS 67530

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

Name of Employer Occupation  
Retired Retired

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  
 11 / 25 / 2015

**Transaction ID : SA11Ai-CN1700**

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
**Carolyn Brada**

Mailing Address 5101 Cody Court

City State Zip Code  
Lawrence KS 66049

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

Name of Employer Occupation  
American Medical Association PAC Board Of Directors

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  
 11 / 09 / 2015

**Transaction ID : SA11Ai-CN1665**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Donald Brada**

Mailing Address 5101 Cody Court

City State Zip Code  
Lawrence KS 66049

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

Name of Employer Occupation  
The University Of Kansas School Of Med Clinical Professor Emeritus

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  
 11 / 09 / 2015

**Transaction ID : SA11Ai-CN1664**

Amount of Each Receipt this Period  
1000.00

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

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

2300.00



**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 17 OF 92
	<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)  
**Bernard Francis Butler**

Mailing Address 1700 Sunnyslope Ln

City Manhattan State KS Zip Code 66502

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

Name of Employer Pizza Hut Of Manhattan Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 23 / 2015

**Transaction ID : SA11Ai-CN1743**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Taylor Page Calcara**

Mailing Address 3003 Broadway

City Great Bend State KS Zip Code 67530

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

Name of Employer Watkins Calcara Law Firm Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : SA11Ai-CN1762**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Jean Marie Clifford**

Mailing Address 102 Drury Ln

City Garden City State KS Zip Code 67846

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

Name of Employer Garden City Family YMCA Occupation Vice President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 19 / 2015

**Transaction ID : SA11Ai-CN1685**

Amount of Each Receipt this Period  
 500.00

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 18 OF 92  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

**A.** Full Name (Last, First, Middle Initial)  
**Stephen R. Cloud**

Mailing Address 8820 Vista Dr.

City Lenexa State KS Zip Code 66220

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

Name of Employer IBT Inc. Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 15 / 2015

**Transaction ID : SA11Ai-CN1607**

Amount of Each Receipt this Period  
 2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Stephen R. Cloud**

Mailing Address 8820 Vista Dr.

City Lenexa State KS Zip Code 66220

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

Name of Employer IBT Inc. Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 26 / 2015

**Transaction ID : SA11Ai-CN1614**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Edward L. Condon**

Mailing Address 9645 Zarda Drive

City Lenexa State KS Zip Code 66227

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

Name of Employer Design Asset Management LLC Occupation Retirement Investment Advisor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 05 / 2015

**Transaction ID : SA11Ai-CN1653**

Amount of Each Receipt this Period  
 500.00

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

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

3450.00

**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 19 OF 92
	<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)  
**Jane I Crist**

Mailing Address 2106 Antler Ridge Dr

City Garden City	State KS	Zip Code 67846
---------------------	-------------	-------------------

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

Name of Employer Crist Farm Management	Occupation Office Manager
---	------------------------------

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  
 10 / 29 / 2015

**Transaction ID : SA11Ai-CN1627**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mel Crist**

Mailing Address 2106 Antler Ridge Dr

City Garden City	State KS	Zip Code 67846
---------------------	-------------	-------------------

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

Name of Employer Self Employed	Occupation Land Owner
-----------------------------------	--------------------------

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  
 10 / 29 / 2015

**Transaction ID : SA11Ai-CN1626**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Dr. J. Douglas Cusick**

Mailing Address 2701 W. 112th Street

City Leawood	State KS	Zip Code 66211
-----------------	-------------	-------------------

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

Name of Employer J. Douglas Cusick MD	Occupation Plastic Surgeon
--	-------------------------------

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  
 11 / 05 / 2015

**Transaction ID : SA11Ai-CN1647**

Amount of Each Receipt this Period  
1000.00

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

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

2000.00

**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 20 OF 92
	<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**

Full Name (Last, First, Middle Initial) <b>A. Justin Daly</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 18 / 2015
Mailing Address PO Box 1301		<b>Transaction ID : SA11Ai-CN1730</b>
City Great Falls	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Daly Consulting Group	Occupation Owner	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>B. Carl Dudrey</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 23 / 2015
Mailing Address PO Box 65		<b>Transaction ID : SA11Ai-CN1619</b>
City St. John	State KS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Dudrey Cattle Co. Inc.	Occupation President	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Terrence P. Dunn</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 05 / 2015
Mailing Address 12008 Ensley Lane		<b>Transaction ID : SA11Ai-CN1642</b>
City Leawood	State KS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<b>TOTAL</b> 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: PAGE 21 OF 92  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

**A.** Full Name (Last, First, Middle Initial)  
**Ronald E Eakes**

Mailing Address 100 Greensboro

City Plains State KS Zip Code 67869-0382

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

Name of Employer Mid Plains Construction Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 19 / 2015

**Transaction ID : SA11Ai-CN1605**

Amount of Each Receipt this Period  
 2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Mark Edwards**

Mailing Address 439 W 1st St

City Junction City State KS Zip Code 66441

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

Name of Employer Hoover Schermerhorm Edwards Pinaire Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2015

**Transaction ID : SA11Ai-CN1746**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**John O Farmer III**

Mailing Address PO Box 352

City Russell State KS Zip Code 67665

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

Name of Employer John O. Farmer Inc. Occupation Oil Producer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2015

**Transaction ID : SA11Ai-CN1659**

Amount of Each Receipt this Period  
 500.00

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

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

3450.00

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

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

FOR LINE NUMBER: PAGE 22 OF 92  
(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)  
**Jon Charles Ferguson**

Mailing Address 212 Carlisle Ter

City State Zip Code  
Manhattan KS 66503

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

Name of Employer Occupation  
Self Employed Farmer

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  
 12 / 31 / 2015

**Transaction ID : SA11Ai-CN1760**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Norma J. Fogarty**

Mailing Address 12819 Muirfield Blvd S

City State Zip Code  
Jacksonville FL 32225

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

Name of Employer Occupation  
Retired 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  
 12 / 31 / 2015

**Transaction ID : SA11Ai-CN1766**

Amount of Each Receipt this Period  
700.00

**C.** Full Name (Last, First, Middle Initial)  
**Norma J. Fogarty**

Mailing Address 12819 Muirfield Blvd S

City State Zip Code  
Jacksonville FL 32225

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : SA11Ai-CN1767**

Amount of Each Receipt this Period  
300.00

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

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

1250.00

**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 23 OF 92
	<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**

Full Name (Last, First, Middle Initial) <b>A. John L Francis</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 25 / 2015	
Mailing Address 2413 Dove Terrace		<b>Transaction ID : SA11Ai-CN1698</b>	
City Great Bend	State KS	Zip Code 67530	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 700.00	
Name of Employer Francis Financial Services	Occupation Registered Representative		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1700.00		

Full Name (Last, First, Middle Initial) <b>B. John L Francis</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 21 / 2015	
Mailing Address 2413 Dove Terrace		<b>Transaction ID : SA11Ai-CN1733</b>	
City Great Bend	State KS	Zip Code 67530	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Francis Financial Services	Occupation Registered Representative		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		

Full Name (Last, First, Middle Initial) <b>C. Nancy A Francis</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 21 / 2015	
Mailing Address 2413 Dove Terrace		<b>Transaction ID : SA11Ai-CN1734</b>	
City Great Bend	State KS	Zip Code 67530	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1450.00	
Name of Employer Adams Brown Beran Ball Chtd.	Occupation Accountant		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3150.00
<b>TOTAL</b> 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 24 OF 92
	<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)  
**Stephen Joseph Goetz**

Mailing Address 4943 Quail Creek Dr

City State Zip Code  
Great Bend KS 67530

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

Name of Employer Occupation  
Goetz Real Estate & Appraisal Service Real Estate

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  
 11 / 25 / 2015

**Transaction ID : SA11Ai-CN1701**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**John H Golden**

Mailing Address 908 Colorado St

City State Zip Code  
Goodland KS 67735-0330

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

Name of Employer Occupation  
Self Employed Farmer

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  
 10 / 19 / 2015

**Transaction ID : SA11Ai-CN1602**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Nelva D Grimes**

Mailing Address 2600 Canterbury Ln

City State Zip Code  
Great Bend KS 67530

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

Name of Employer Occupation  
Self Employed 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  
 11 / 16 / 2015

**Transaction ID : SA11Ai-CN1678**

Amount of Each Receipt this Period  
500.00

**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 25 OF 92  
(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)  
**Dr. Douglas James Gruenbacher**

Mailing Address 500 Mckinney St

City Quinter State KS Zip Code 67752

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

Name of Employer Bluestem Medical Occupation physician

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2015

**Transaction ID : SA11Ai-CN1581**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Donald B Halbower**

Mailing Address 3810 Mckinney

City Great Bend State KS Zip Code 67530

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

Name of Employer Retired 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  
 11 / 25 / 2015

**Transaction ID : SA11Ai-CN1702**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. R. Lee Harris**

Mailing Address 6800 W 64th St Suite 101

City Overland Park State KS Zip Code 66202

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

Name of Employer Cohen-Esrey Occupation Commercial Real Estate

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2015

**Transaction ID : SA11Ai-CN1624**

Amount of Each Receipt this Period  
 1000.00

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 26 OF 92  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Stanley M Hatesohl**

Mailing Address 2711 Dry Creek

City State Zip Code  
Great Bend KS 67530

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

Name of Employer Occupation  
Central Kansas Family Practice Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**375.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**11 / 25 / 2015**

**Transaction ID : SA11Ai-CN1703**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Cora A House**

Mailing Address 3691 S Hwy 27

City State Zip Code  
Goodland KS 67735-9074

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

Name of Employer Occupation  
T-Bone Feeders Inc. Bookkeeper

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  
**12 / 21 / 2015**

**Transaction ID : SA11Ai-CN1735**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Glen D Hughes**

Mailing Address 3627 22nd

City State Zip Code  
Great Bend KS 67530

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**225.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**11 / 25 / 2015**

**Transaction ID : SA11Ai-CN1705**

Amount of Each Receipt this Period  
**175.00**

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

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

**675.00**

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

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

FOR LINE NUMBER: PAGE 27 OF 92  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

**A.** Full Name (Last, First, Middle Initial)  
**Stephen J. Irsik Jr**

Mailing Address 5405 6 Rd

City State Zip Code  
Ingalls KS 67853-9044

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

Name of Employer Occupation  
Royal Dairy Farms LLC Owner/Operator

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  
 11 / 02 / 2015

**Transaction ID : SA11Ai-CN1631**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Jil M Johnson**

Mailing Address 54 Karen St

City State Zip Code  
Great Bend KS 67530

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

Name of Employer Occupation  
Self Employed Sr. Sales Director - Mary Kay Inc.

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  
 11 / 12 / 2015

**Transaction ID : SA11Ai-CN1674**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Larry C Jones**

Mailing Address 1502 W Taylor Jones Rd

City State Zip Code  
Holcomb KS 67851-0230

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

Name of Employer Occupation  
Finney County Commission District 5 Commissioner

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  
 11 / 19 / 2015

**Transaction ID : SA11Ai-CN1687**

Amount of Each Receipt this Period  
500.00

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

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

2000.00

**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 28 OF 92
	<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)  
**Stacey Rene Jones**

Mailing Address 1604 W 29th St

City Hays State KS Zip Code 67601

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

Name of Employer Krug And Jones Optometry Occupation Optometrist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2015

**Transaction ID : SA11Ai-CN1610**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Timothy Robert Keenan**

Mailing Address 5260 Timber Creek

City Great Bend State KS Zip Code 67530

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2015

**Transaction ID : SA11Ai-CN1706**

Amount of Each Receipt this Period  
 150.00

**C.** Full Name (Last, First, Middle Initial)  
**Kevin L Keller**

Mailing Address 4211 Quail Creek Dr

City Great Bend State KS Zip Code 67530

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

Name of Employer Keller Real Estate & Ins. Agency Inc. Occupation Real Estate Broker & Insurance Agent

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2015

**Transaction ID : SA11Ai-CN1704**

Amount of Each Receipt this Period  
 250.00

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

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

650.00

**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 29 OF 92
	<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)  
**Dr. Rick Kellerman**

Mailing Address 521 N. Armour St

City State Zip Code  
Wichita KS 67206

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

Name of Employer Occupation  
State Of Kansas Family Physician

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  
12 / 31 / 2015

**Transaction ID : SA11Ai-CN1757**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Clinton Key**

Mailing Address 12176 Chancery Station Circle

City State Zip Code  
Reston VA 20190

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

Name of Employer Occupation  
Key & Associates President

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  
12 / 31 / 2015

**Transaction ID : SA11Ai-CN1764**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Dr William Throop King**

Mailing Address 1712 Oakmont

City State Zip Code  
Great Bend KS 67530

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

Name of Employer Occupation  
Retired 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  
11 / 05 / 2015

**Transaction ID : SA11Ai-CN1641**

Amount of Each Receipt this Period  
1200.00

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

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

2200.00

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

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

FOR LINE NUMBER: PAGE 30 OF 92  
(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)  
**Greg S. Klein**

Mailing Address 10804 W. 141st St.

City Overland Park State KS Zip Code 66221

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

Name of Employer Inland Truck Parts & Service Occupation President

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2015

**Transaction ID : SA11Ai-CN1654**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Dennis Kleysteuber**

Mailing Address 2113 Center St Unit 1

City Garden City State KS Zip Code 67846

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

Name of Employer Self Employed Occupation Ag Business

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 04 / 2015

**Transaction ID : SA11Ai-CN1722**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Victor S Klotz**

Mailing Address 100 N Rd 3

City Holcomb State KS Zip Code 67851

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

Name of Employer Klotz Sand Co Inc. Occupation President

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 03 / 2015

**Transaction ID : SA11Ai-CN1719**

Amount of Each Receipt this Period  
 1000.00

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

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

2250.00

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

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

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(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

**A.** Full Name (Last, First, Middle Initial)  
**Kenneth E Knight**

Mailing Address 1925 Avenue M

City Lyons State KS Zip Code 67554

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

Name of Employer Knight Farms Inc. Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 05 / 2015

**Transaction ID : SA11Ai-CN1580**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Beverly P Komarek**

Mailing Address 315 Point Dr

City Great Bend State KS Zip Code 67530

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

Name of Employer Kansas Medical Society Occupation Medical Doctor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 18 / 2015

**Transaction ID : SA11Ai-CN1679**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Richard D Krause**

Mailing Address 4859 Camelot West

City Great Bend State KS Zip Code 67530

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

Name of Employer Self Employed Occupation Podiatrist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2015

**Transaction ID : SA11Ai-CN1634**

Amount of Each Receipt this Period  
 100.00

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

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

1350.00

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

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

FOR LINE NUMBER: PAGE 32 OF 92  
(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)  
**Robert L Kreutzer**

Mailing Address 1940 Kensington Blvd

City State Zip Code  
Garden City KS 67846

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

Name of Employer Occupation  
Tatro Plumbing CFO

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  
 12 / 07 / 2015

**Transaction ID : SA11Ai-CN1724**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Gerald Lee Kuckelman**

Mailing Address 2310 Heartland Dr

City State Zip Code  
Manhattan KS 66503

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

Name of Employer Occupation  
Innovative Livestock Services CEO

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  
 11 / 12 / 2015

**Transaction ID : SA11Ai-CN1671**

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Donald R. Landoll**

Mailing Address 1201 N 16th St

City State Zip Code  
Marysville KS 66508

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

Name of Employer Occupation  
Landoll Corporation CEO

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  
 10 / 08 / 2015

**Transaction ID : SA11Ai-CN1582**

Amount of Each Receipt this Period  
250.00

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

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

3450.00



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

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

FOR LINE NUMBER: PAGE 33 OF 92  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

**A.** Full Name (Last, First, Middle Initial)  
**Linda R Marmie**

Mailing Address 136 NE 20th Ave

City State Zip Code  
Great Bend KS 67530

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

Name of Employer Occupation  
Retired Retired

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  
 11 / 02 / 2015

**Transaction ID : SA11Ai-CN1630**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Sherri R Marmie**

Mailing Address 4100 Falcon Dr

City State Zip Code  
Great Bend KS 67530

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 04 / 2015

**Transaction ID : SA11Ai-CN1639**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Korb Maxwell II**

Mailing Address 55527 E Mission Dr.

City State Zip Code  
Mission Hills KS 66208

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

Name of Employer Occupation  
Polsinelli Attorney

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  
 12 / 30 / 2015

**Transaction ID : SA11Ai-CN1751**

Amount of Each Receipt this Period  
1000.00

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 34 OF 92  
(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)  
**Brock R McPherson**

Mailing Address 2715 Broadway

City State Zip Code  
Great Bend KS 67530

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

Name of Employer Occupation  
Retired Retired

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  
 10 / 09 / 2015

**Transaction ID : SA11Ai-CN1585**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**Brock R McPherson**

Mailing Address 2715 Broadway

City State Zip Code  
Great Bend KS 67530

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 09 / 2015

**Transaction ID : SA11Ai-CN1666**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**Brock R McPherson**

Mailing Address 2715 Broadway

City State Zip Code  
Great Bend KS 67530

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

Name of Employer Occupation  
Retired 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  
 12 / 14 / 2015

**Transaction ID : SA11Ai-CN1727**

Amount of Each Receipt this Period  
50.00

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

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

150.00

**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 35 OF 92
	<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)  
**Ron Megli**

Mailing Address 15600 W 138th Ter

City Olathe State KS Zip Code 66062

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

Name of Employer Farmers Bank & Trust Occupation Banker

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  
 12 / 24 / 2015

**Transaction ID : SA11Ai-CN1745**

Amount of Each Receipt this Period  
250.00

**B.** 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  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 08 / 2015

**Transaction ID : SA11Ai-CN1661**

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Robert Paul Moser Jr**

Mailing Address 504 W Greeley

City Tribune State KS Zip Code 67879

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

Name of Employer The University of Kansas Hospital Occupation Physician

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  
 11 / 27 / 2015

**Transaction ID : SA11Ai-CN1713**

Amount of Each Receipt this Period  
250.00

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

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

650.00

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

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

FOR LINE NUMBER: PAGE 36 OF 92  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

**A.** Full Name (Last, First, Middle Initial)  
**Craig P Neeland**

Mailing Address 3707 Meadowlark

City State Zip Code  
Great Bend KS 67530

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

Name of Employer Occupation  
Farmers Bank & Trust Banking

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  
**11 / 09 / 2015**

**Transaction ID : SA11Ai-CN1668**

Amount of Each Receipt this Period  
**150.00**

**B.** Full Name (Last, First, Middle Initial)  
**Ron C Nelson**

Mailing Address 111 W. 10th

City State Zip Code  
Hays KS 67601

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

Name of Employer Occupation  
Downing Nelson Oil Co. Inc. President

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  
**10 / 19 / 2015**

**Transaction ID : SA11Ai-CN1601**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Kyle Nevins**

Mailing Address 1325 NE D St

City State Zip Code  
Washington DC 20002

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

Name of Employer Occupation  
Harbinger Strategies Consultant

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  
**12 / 21 / 2015**

**Transaction ID : SA11Ai-CN1739**

Amount of Each Receipt this Period  
**500.00**

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

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

**1150.00**

**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 37 OF 92
	<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)  
**Max E Nichols**

Mailing Address 3230 Main

City State Zip Code  
Great Bend KS 67530

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

Name of Employer Occupation  
Jomax Construction Executive

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  
 12 / 30 / 2015

**Transaction ID : SA11Ai-CN1754**

Amount of Each Receipt this Period  
2200.00

**B.** Full Name (Last, First, Middle Initial)  
**Max E Nichols**

Mailing Address 3230 Main

City State Zip Code  
Great Bend KS 67530

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

Name of Employer Occupation  
Jomax Construction Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2015

**Transaction ID : SA11Ai-CN1755**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Steve C O'Brate**

Mailing Address 110 Hampton Ct

City State Zip Code  
Garden City KS 67846

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

Name of Employer Occupation  
Palmer Manufacturing General Manager

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  
 11 / 19 / 2015

**Transaction ID : SA11Ai-CN1684**

Amount of Each Receipt this Period  
250.00

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

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

2950.00

**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 38 OF 92
	<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)  
**Steve C O'Brate**

Mailing Address 110 Hampton Ct

City State Zip Code  
Garden City KS 67846

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

Name of Employer Occupation  
Palmer Manufacturing General Manager

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  
12 / 31 / 2015

**Transaction ID : SA11Ai-CN1774**

Amount of Each Receipt this Period  
2450.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Margaret O'Hara**

Mailing Address 445 N Crestway St.

City State Zip Code  
Wichita KS 67208

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

Name of Employer Occupation  
The Elm 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  
10 / 26 / 2015

**Transaction ID : SA11Ai-CN1613**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**James D. Oliver**

Mailing Address 9510 Falcon Ridge Dr.

City State Zip Code  
Lenexa KS 66220

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

Name of Employer Occupation  
Foulston Siefkin LLP Attorney

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  
11 / 05 / 2015

**Transaction ID : SA11Ai-CN1643**

Amount of Each Receipt this Period  
500.00

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

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

3200.00

**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 39 OF 92
	<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)  
**Richard W Porter**

Mailing Address 3309 Road W7

City Reading State KS Zip Code 66868

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

Name of Employer Porter Farms Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 23 / 2015

**Transaction ID : SA11Ai-CN1742**

Amount of Each Receipt this Period  
 2000.00

**B.** Full Name (Last, First, Middle Initial)  
**Lee M Reeve**

Mailing Address 1328 Hineman Dr

City Garden City State KS Zip Code 67846-3537

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

Name of Employer Reeve Cattle Co. Inc. Occupation Owner/Operator

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 17 / 2015

**Transaction ID : SA11Ai-CN1729**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Monte Robbins**

Mailing Address 26261 W 110th St

City Olathe State KS Zip Code 66061

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

Name of Employer Prospect Mortgage LLC Occupation Mortgage Banker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 13 / 2015

**Transaction ID : SA11Ai-CN1675**

Amount of Each Receipt this Period  
 500.00

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

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

3500.00

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

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

FOR LINE NUMBER: PAGE 40 OF 92  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

**A.** Full Name (Last, First, Middle Initial)  
**W.R. Robbins**

Mailing Address 1017 Harrison

City State Zip Code  
Great Bend KS 67530

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

Name of Employer Occupation  
Farmers Bank & Trust Banking

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2015

**Transaction ID : SA11Ai-CN1650**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Jeramy L. Robl**

Mailing Address 2229 S. West St.

City State Zip Code  
Wichita KS 67213

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

Name of Employer Occupation  
Hutton Construction Business Development

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  
 12 / 28 / 2015

**Transaction ID : SA11Ai-CN1749**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Amro Mohammed Samy**

Mailing Address 2125 Buffalo

City State Zip Code  
Garden City KS 67846

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

Name of Employer Occupation  
Clarion Inn General Manager

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  
 12 / 18 / 2015

**Transaction ID : SA11Ai-CN1737**

Amount of Each Receipt this Period  
1000.00

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

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

1750.00



**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 41 OF 92
	<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)  
**Roy Justin Sanchez**

Mailing Address 109 Nottingham Ct

City Garden City State KS Zip Code 67846

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

Name of Employer Tatro Plumbing Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 07 / 2015

**Transaction ID : SA11Ai-CN1723**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Steven J Schwarting**

Mailing Address 1852 Indy Rd

City Abilene State KS Zip Code 67410

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

Name of Employer Abilene Family Physicians Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : SA11Ai-CN1768**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Dennis W. Scott**

Mailing Address 5010 W. 150th Street

City Leawood State KS Zip Code 66224

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

Name of Employer Burns & McDonnell Occupation CFO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2015

**Transaction ID : SA11Ai-CN1633**

Amount of Each Receipt this Period  
 250.00

**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 42 OF 92  
(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)  
**Ms. Denise M Shea**

Mailing Address 663 W 1st St

City Hoisington State KS Zip Code 67554

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

Name of Employer Lindi Occupation Truck Driver

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : SA11Ai-CN1763**

Amount of Each Receipt this Period  
 250.00

Amount of Each Receipt this Period  
 750.00

**B.** Full Name (Last, First, Middle Initial)  
**Roger A Sink**

Mailing Address 727 Poyntz Ave

City Manhattan State KS Zip Code 66502

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

Name of Employer Ellsworth County Medical Center Occupation Medical Doctor

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 28 / 2015

**Transaction ID : SA11Ai-CN1748**

Amount of Each Receipt this Period  
 1000.00

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Jerry J Slaughter**

Mailing Address 5114 Cody Ct

City Lawrence State KS Zip Code 66049

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

Name of Employer Kansas Medical Society Occupation Executive Director

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 02 / 2015

**Transaction ID : SA11Ai-CN1635**

Amount of Each Receipt this Period  
 500.00

Amount of Each Receipt this Period  
 500.00

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

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

1750.00

**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 43 OF 92
	<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)  
**Paul S Snapp**

Mailing Address 1922 Mckinney Dr

City Great Bend	State KS	Zip Code 67530
--------------------	-------------	-------------------

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

Name of Employer First Kansas Bank	Occupation Banker
---------------------------------------	----------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		12		2015

**Transaction ID : SA11Ai-CN1673**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Troy Micheal Sporer**

Mailing Address 380 Hwy 83

City Oakley	State KS	Zip Code 67748
----------------	-------------	-------------------

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

Name of Employer Sporer Land Development	Occupation Vice President
---	------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		28		2015

**Transaction ID : SA11Ai-CN1747**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Kameron Lynn Spray**

Mailing Address 5000 Timber Creek

City Great Bend	State KS	Zip Code 67530
--------------------	-------------	-------------------

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

Name of Employer Venture	Occupation Construction
-----------------------------	----------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		24		2015

**Transaction ID : SA11Ai-CN1691**

Amount of Each Receipt this Period  
1000.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 44 OF 92  
(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)  
**Alan E States**

Mailing Address 2501 Ash St.

City Hays State KS Zip Code 67601

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 22 / 2015

**Transaction ID : SA11Ai-CN1740**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Meleesa Stueder**

Mailing Address 4511 Quail Creek Dr

City Great Bend State KS Zip Code 67530

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

Name of Employer Not Employed Occupation Not Employed

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2015

**Transaction ID : SA11Ai-CN1640**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Herbert James Swender**

Mailing Address 2113 E Grandview Dr

City Garden City State KS Zip Code 67846-8321

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

Name of Employer American Warrior Occupation Asst. To The President

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : SA11Ai-CN1775**

Amount of Each Receipt this Period  
 2500.00

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

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

3750.00

**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 45 OF 92
	<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)  
**Kris T Tarlton**

Mailing Address 909 E 5th

City: Hoisington State: KS Zip Code: 67544

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

Name of Employer: Great Bend Regional Hospital Occupation: Registered Nurse Anesthetist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 12 / 02 / 2015

**Transaction ID : SA11Ai-CN1718**

Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Rodger L Van Loenen**

Mailing Address 202 Holland St

City: Prairie View State: KS Zip Code: 67664

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

Name of Employer: Farmers State Bank Occupation: Banking

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1100.00

Date of Receipt: 10 / 12 / 2015

**Transaction ID : SA11Ai-CN1584**

Amount of Each Receipt this Period: 100.00

**C.** Full Name (Last, First, Middle Initial)  
**Brian Cory Vulgamore**

Mailing Address 1550 W Rd 70

City: Scott City State: KS Zip Code: 67871

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

Name of Employer: Precision Ag & Seed Services LLC Occupation: Farmer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 11 / 19 / 2015

**Transaction ID : SA11Ai-CN1680**

Amount of Each Receipt this Period: 500.00

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

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

1100.00

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

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

FOR LINE NUMBER: PAGE 46 OF 92  
(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)  
**Myles Floyd Vulgamore**

Mailing Address 500 S. Kansas Road

City State Zip Code  
Scott City KS 67871

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

Name of Employer Occupation  
Self Employed Farmer

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  
 12 / 21 / 2015

**Transaction ID : SA11Ai-CN1732**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Christopher J Weems**

Mailing Address 489 Dawson Ave.

City State Zip Code  
San Jose CA 95125

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

Name of Employer Occupation  
Facebook Designer

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2755.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2015

**Transaction ID : SA11Ai-CN1622**

Amount of Each Receipt this Period  
5.00

**C.** Full Name (Last, First, Middle Initial)  
**Zachary Brian White**

Mailing Address 1104 Random Rd

City State Zip Code  
Hoisington KS 67544

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

Name of Employer Occupation  
Prairie Thunder Outfitters Owner

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  
 11 / 20 / 2015

**Transaction ID : SA11Ai-CN1688**

Amount of Each Receipt this Period  
1000.00

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

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

1505.00

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

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

FOR LINE NUMBER: PAGE 47 OF 92  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Rob M Wilson**

Mailing Address 5402 W 134th Ter  
Apt 1215

City Overland Park State KS Zip Code 66209

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

Name of Employer University Of Missouri Kansas City Occupation Professor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2015

**Transaction ID : SA11Ai-CN1658**

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
**Lance D Woodbury**

Mailing Address 203 Grandview Cir.

City Garden City State KS Zip Code 67846

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

Name of Employer Ag Progress Occupation Consultant

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  
 11 / 09 / 2015

**Transaction ID : SA11Ai-CN1667**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Donald Lee Young**

Mailing Address 829 N Mccall

City Ulysses State KS Zip Code 67880

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

Name of Employer Donnie Young Farms Inc Occupation Owner/Operator

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  
 11 / 19 / 2015

**Transaction ID : SA11Ai-CN1686**

Amount of Each Receipt this Period  
1000.00

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

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

2200.00

81005.00

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

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

FOR LINE NUMBER: PAGE 48 OF 92  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

**A.** Full Name (Last, First, Middle Initial)  
**American Crystal Sugar Political Action Committee**

Mailing Address 101 North Third Street

City State Zip Code  
Moorhead MN 56560

FEC ID number of contributing federal political committee. **C C00110338**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 23 / 2015

**Transaction ID : SA11C-CN1693**

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
**Council of Insurance Agents & Brokers PAC**

Mailing Address 701 Pennsylvania Ave NW  
Suite 750

City State Zip Code  
Washington DC 20004-2661

FEC ID number of contributing federal political committee. **C C00039578**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SA11C-CN1714**

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
**National Cattlemen's Beef Association**

Mailing Address 1301 Pennsylvania Avenue NW  
Suite 300

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C C00028787**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 21 / 2015

**Transaction ID : SA11C-CN1736**

Amount of Each Receipt this Period  
5000.00

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

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

15000.00



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

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

FOR LINE NUMBER: PAGE 49 OF 92  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

**A.** Full Name (Last, First, Middle Initial)  
**National Sorghum Producers PAC**

Mailing Address 4201 N Interstate 27

City Lubbock State TX Zip Code 79403

FEC ID number of contributing federal political committee. **C C00475673**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SA11C-CN1761**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**Political Action Committee of the AAOS**

Mailing Address 317 Massachussets Ave NE

City Washington State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C C00343137**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SA11C-CN1726**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**The American Congress of OB-GYN**

Mailing Address 409 12th Street SW

City Washington State DC Zip Code 20024

FEC ID number of contributing federal political committee. **C C00364158**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 21 / 2015

**Transaction ID : SA11C-CN1731**

Amount of Each Receipt this Period  
2500.00

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

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

5500.00

**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 50 OF 92
	<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)  
**Together For Our Majority Political Action Committee (TOMPAC)**

Mailing Address 228 S. Washington St.  
Ste #115

City Alexandria State VA Zip Code 22314-1939

FEC ID number of contributing federal political committee. **C** C00364174

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2015

**Transaction ID : SA11C-CN1728**

Amount of Each Receipt this Period  
 1000.00

**B.** 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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

1000.00

21500.00

**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 51 OF 92
	<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) <b>A. Dr. Roger W Marshall</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 13 / 2015	
Mailing Address 4501 Quail Creek Dr		<b>Transaction ID : SA11D-CN1583</b>	
City Great Bend	State KS	Zip Code 67530	Amount of Each Receipt this Period _____ 67.00
FEC ID number of contributing federal political committee. C H6KS01179			
Name of Employer Heartland Regional OBGYN	Occupation Physician		In-Kind Received Cab Fare
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 5077.55		

Full Name (Last, First, Middle Initial) <b>B. Dr. Roger W Marshall</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 20 / 2015	
Mailing Address 4501 Quail Creek Dr		<b>Transaction ID : SA11D-CN1611</b>	
City Great Bend	State KS	Zip Code 67530	Amount of Each Receipt this Period _____ 2.75
FEC ID number of contributing federal political committee. C H6KS01179			
Name of Employer Heartland Regional OBGYN	Occupation Physician		In-Kind Received toll
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 5080.30		

Full Name (Last, First, Middle Initial) <b>C. Dr. Roger W Marshall</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 24 / 2015	
Mailing Address 4501 Quail Creek Dr		<b>Transaction ID : SA11D-CN1612</b>	
City Great Bend	State KS	Zip Code 67530	Amount of Each Receipt this Period _____ 692.56
FEC ID number of contributing federal political committee. C H6KS01179			
Name of Employer Heartland Regional OBGYN	Occupation Physician		In-Kind Received airfare lodging
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 5772.86		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 762.31
<b>TOTAL</b> 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: PAGE 52 OF 92  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Roger W Marshall**

Mailing Address 4501 Quail Creek Dr

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  
**6637.66**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**10 30 2015**

**Transaction ID : SA11D-CN1669**

Amount of Each Receipt this Period  
**864.80**

In-Kind Received mileage

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Roger W Marshall**

Mailing Address 4501 Quail Creek Dr

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  
**6747.40**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**11 25 2015**

**Transaction ID : SA11D-CN1710**

Amount of Each Receipt this Period  
**109.74**

In-Kind Received

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Roger W Marshall**

Mailing Address 4501 Quail Creek Dr

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  
**6844.83**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**11 25 2015**

**Transaction ID : SA11D-CN1711**

Amount of Each Receipt this Period  
**97.43**

In-Kind Received

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

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

**1071.97**

**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 53 OF 92
	<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) <b>A. Dr. Roger W Marshall</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 25 / 2015	
Mailing Address 4501 Quail Creek Dr		<b>Transaction ID : SA11D-CN1712</b>	
City State Zip Code Great Bend KS 67530	Amount of Each Receipt this Period 532.84		
FEC ID number of contributing federal political committee. C H6KS01179	In-Kind Received		
Name of Employer Occupation Heartland Regional OBGYN Physician	Election Cycle-to-Date 7377.67		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>B. Dr. Roger W Marshall</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 01 / 2015	
Mailing Address 4501 Quail Creek Dr		<b>Transaction ID : SA11D-CN1716</b>	
City State Zip Code Great Bend KS 67530	Amount of Each Receipt this Period 956.80		
FEC ID number of contributing federal political committee. C H6KS01179	In-Kind Received mileage		
Name of Employer Occupation Heartland Regional OBGYN Physician	Election Cycle-to-Date 8334.47		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>C. Dr. Roger W Marshall</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 14 / 2015	
Mailing Address 4501 Quail Creek Dr		<b>Transaction ID : SA11D-CN1725</b>	
City State Zip Code Great Bend KS 67530	Amount of Each Receipt this Period 625.84		
FEC ID number of contributing federal political committee. C H6KS01179	In-Kind Received airfare		
Name of Employer Occupation Heartland Regional OBGYN Physician	Election Cycle-to-Date 8960.31		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2115.48
<b>TOTAL</b> 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 54 OF 92
	<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)  
**Dr. Roger W Marshall**

Mailing Address 4501 Quail Creek Dr

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  
**10057.99**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**12 30 2015**

**Transaction ID : SA11D-CN1756**

Amount of Each Receipt this Period  
**1097.68**

In-Kind Received mileage

**B.** 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

Amount of Each Receipt this Period

**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

Amount of Each Receipt this Period

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

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

**1097.68**

**5047.44**

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

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

FOR LINE NUMBER: PAGE 55 OF 92  
(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)  
**Dr. Roger Marshall**

Mailing Address 4501 Quail Creek

City State Zip Code  
Great Bend KS 67530

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

Name of Employer Occupation  
Great Bend Regional Hopsital doctor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
40000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 31 2015

**Transaction ID : SA13a-LN4**

Amount of Each Receipt this Period  
40000.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Roger Marshall**

Mailing Address 4501 Quail Creek

City State Zip Code  
Great Bend KS 67530

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

Name of Employer Occupation  
Great Bend Regional Hopsital doctor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
30000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 31 2015

**Transaction ID : SA13a-LN5**

Amount of Each Receipt this Period  
30000.00

**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

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

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

70000.00

70000.00

**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 56 OF 92			
	<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) <b>A. Danielle Feist</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2015	
Mailing Address 2508 Walnut Drive			Amount of Each Disbursement this Period 690.37	
City Great Bend	State KS	Zip Code 67530	Transaction ID : SB17-EX255	
Purpose of Disbursement payroll		Category/ Type 001	payroll	
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>B. Danielle Feist</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2015	
Mailing Address 2508 Walnut Drive			Amount of Each Disbursement this Period 641.58	
City Great Bend	State KS	Zip Code 67530	Transaction ID : SB17-EX256	
Purpose of Disbursement payroll		Category/ Type 001	payroll	
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>c. Danielle Feist</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2015	
Mailing Address 2508 Walnut Drive			Amount of Each Disbursement this Period 24.15	
City Great Bend	State KS	Zip Code 67530	Transaction ID : SB17-EX265	
Purpose of Disbursement Mileage reimbursement		Category/ Type 001	Mileage reimbursement	
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1356.10
<b>TOTAL</b> 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 57 OF 92			
	<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) <b>A. Danielle Feist</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2015	
Mailing Address 2508 Walnut Drive			Amount of Each Disbursement this Period 714.76	
City Great Bend	State KS	Zip Code 67530	Transaction ID : SB17-EX292	
Purpose of Disbursement payroll		Category/ Type 001		
Candidate Name		payroll		
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>B. Danielle Feist</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2015	
Mailing Address 2508 Walnut Drive			Amount of Each Disbursement this Period 788.97	
City Great Bend	State KS	Zip Code 67530	Transaction ID : SB17-EX294	
Purpose of Disbursement payroll		Category/ Type 001		
Candidate Name		payroll		
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>c. Danielle Feist</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015	
Mailing Address 2508 Walnut Drive			Amount of Each Disbursement this Period 29.33	
City Great Bend	State KS	Zip Code 67530	Transaction ID : SB17-EX299	
Purpose of Disbursement Mileage reimbursement		Category/ Type 001		
Candidate Name		Mileage reimbursement		
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1533.06
<b>TOTAL</b> 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 58 OF 92			
	<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) <b>A. Danielle Feist</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2015	
Mailing Address 2508 Walnut Drive			Amount of Each Disbursement this Period 788.97	
City Great Bend	State KS	Zip Code 67530	Transaction ID : SB17-EX320	
Purpose of Disbursement payroll		Category/ Type 001		
Candidate Name		payroll		
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>B. Danielle Feist</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2015	
Mailing Address 2508 Walnut Drive			Amount of Each Disbursement this Period 739.18	
City Great Bend	State KS	Zip Code 67530	Transaction ID : SB17-EX322	
Purpose of Disbursement payroll		Category/ Type 001		
Candidate Name		payroll		
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>c. Danielle Feist</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015	
Mailing Address 2508 Walnut Drive			Amount of Each Disbursement this Period 32.78	
City Great Bend	State KS	Zip Code 67530	Transaction ID : SB17-EX334	
Purpose of Disbursement Mileage reimbursement		Category/ Type 001		
Candidate Name		Mileage reimbursement		
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1560.93
<b>TOTAL</b> 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 59 OF 92			
	<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) <b>A. Adams Brown Beran &amp; Ball</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 09 / 2015</b>
Mailing Address 2006 Broadway Suite 2A PO Drawer J			Amount of Each Disbursement this Period <b>1088.32</b>
City Great Bend	State KS	Zip Code 67530	<b>Transaction ID : SB17-EX254</b>
Purpose of Disbursement Professional Accounting Services		Category/ Type <b>001</b>	
Candidate Name			Professional Accounting Services
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>B. Adams Brown Beran &amp; Ball</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 30 / 2015</b>
Mailing Address 2006 Broadway Suite 2A PO Drawer J			Amount of Each Disbursement this Period <b>1615.26</b>
City Great Bend	State KS	Zip Code 67530	<b>Transaction ID : SB17-EX261</b>
Purpose of Disbursement Professional Accounting Services		Category/ Type <b>001</b>	
Candidate Name			Professional Accounting Services
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>C. Adams Brown Beran &amp; Ball</b>			Date of Disbursement M M / D D / Y Y Y Y <b>12 / 31 / 2015</b>
Mailing Address 2006 Broadway Suite 2A PO Drawer J			Amount of Each Disbursement this Period <b>3000.00</b>
City Great Bend	State KS	Zip Code 67530	<b>Transaction ID : SB17-EX332</b>
Purpose of Disbursement Professional Accounting Services		Category/ Type <b>001</b>	
Candidate Name			Professional Accounting Services
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: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>5703.58</b>
<b>TOTAL</b> 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 60 OF 92			
	<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) <b>A. CMA Strategies Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2015
Mailing Address 201 Robert S. Kerr Suite 301			Amount of Each Disbursement this Period 92.59
City Oklahoma City	State OK	Zip Code 73102	
Purpose of Disbursement see memo	Candidate Name		<b>Transaction ID : SB17-EX263</b>
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:	Category/Type 001		see memo

Full Name (Last, First, Middle Initial) <b>B. Fed Ex</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2015
Mailing Address PO Box 660481			Amount of Each Disbursement this Period 92.59
City Dallas	State TX	Zip Code 75266	
Purpose of Disbursement shipping	Candidate Name		<b>Transaction ID : SB17-EX264</b>
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:	Category/Type 001		<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>c. Golden Belt Printing II LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2015
Mailing Address 1125 281 Bypass			Amount of Each Disbursement this Period 1029.46
City Great Bend	State KS	Zip Code 67530	
Purpose of Disbursement printing	Candidate Name		<b>Transaction ID : SB17-EX266</b>
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:	Category/Type 001		printing

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1122.05
<b>TOTAL</b> 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 61 OF 92			
	<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) <b>A. Golden Belt Printing II LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015
Mailing Address 1125 281 Bypass			Amount of Each Disbursement this Period 363.29
City Great Bend	State KS	Zip Code 67530	Transaction ID : <b>SB17-EX298</b>
Purpose of Disbursement printing and postage		001 Category/ Type	
Candidate Name			printing and postage
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>B. Golden Belt Printing II LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 1125 281 Bypass			Amount of Each Disbursement this Period 2384.39
City Great Bend	State KS	Zip Code 67530	Transaction ID : <b>SB17-EX333</b>
Purpose of Disbursement printing and postage		001 Category/ Type	
Candidate Name			printing and postage
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>c. Authorize.Net</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address PO Box 947			Amount of Each Disbursement this Period 25.80
City American Fork	State UT	Zip Code 84003	Transaction ID : <b>SB17-EX252</b>
Purpose of Disbursement credit card processing fee		001 Category/ Type	
Candidate Name			credit card processing fee
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: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2773.48
<b>TOTAL</b> 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 62 OF 92			
	<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) <b>A. Authorize.Net</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2015
Mailing Address PO Box 947		Amount of Each Disbursement this Period 25.80
City American Fork	State UT	Zip Code 84003
Purpose of Disbursement credit card processing fee	Category/ Type 001	
Candidate Name		<b>Transaction ID : SB17-EX290</b>
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:	credit card processing fee	

Full Name (Last, First, Middle Initial) <b>B. Authorize.Net</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2015
Mailing Address PO Box 947		Amount of Each Disbursement this Period 26.50
City American Fork	State UT	Zip Code 84003
Purpose of Disbursement credit card processing fee	Category/ Type 001	
Candidate Name		<b>Transaction ID : SB17-EX319</b>
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:	credit card processing fee	

Full Name (Last, First, Middle Initial) <b>c. Wheatland Card Solutions</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2015
Mailing Address PO Box 1242		Amount of Each Disbursement this Period 37.01
City Wichita	State KS	Zip Code 67201
Purpose of Disbursement credit card service fee	Category/ Type 001	
Candidate Name		<b>Transaction ID : SB17-EX251</b>
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:	credit card service fee	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	89.31
<b>TOTAL</b> 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 63 OF 92			
	<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) <b>A. Wheatland Card Solutions</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2015	
Mailing Address PO Box 1242			Amount of Each Disbursement this Period 164.05	
City Wichita	State KS	Zip Code 67201	Transaction ID : SB17-EX273	
Purpose of Disbursement credit card payment see memo		Category/ Type 001	credit card payment see memo	
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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>B. Walgreens</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2015	
Mailing Address 3920 10th Street			Amount of Each Disbursement this Period 0.84	
City Great Bend	State KS	Zip Code 67530	Transaction ID : SB17-EX274	
Purpose of Disbursement supplies		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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>c. WalMart</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2015	
Mailing Address 3503 10th Street			Amount of Each Disbursement this Period 16.21	
City Great Bend	State KS	Zip Code 67530	Transaction ID : SB17-EX275	
Purpose of Disbursement supplies		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	164.05
<b>TOTAL</b> 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 64 OF 92			
	<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) <b>A. United States Post Office</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2015
Mailing Address 2100 16th Street		Amount of Each Disbursement this Period 147.00
City Great Bend	State KS	
Zip Code 67530	Purpose of Disbursement postage	Transaction ID : SB17-EX276
Candidate Name	001 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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Wheatland Card Solutions</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2015
Mailing Address PO Box 1242		Amount of Each Disbursement this Period 148.50
City Wichita	State KS	
Zip Code 67201	Purpose of Disbursement credit card payment see memo	Transaction ID : SB17-EX277
Candidate Name	004 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)	credit card payment see memo
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Goodland Star-News</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2015
Mailing Address 1205 Main Ave.		Amount of Each Disbursement this Period 148.50
City Goodland	State KS	
Zip Code 67735	Purpose of Disbursement advertiding	Transaction ID : SB17-EX278
Candidate Name	004 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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	148.50
<b>TOTAL</b> 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 65 OF 92			
	<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) <b>A. Wheatland Card Solutions</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2015	
Mailing Address PO Box 1242			Amount of Each Disbursement this Period 108.35	
City Wichita	State KS	Zip Code 67201	Transaction ID : SB17-EX280	
Purpose of Disbursement credit card payment see memo		Category/ Type 002	credit card payment see memo	
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>B. Kansas Turnpike Authority</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2015	
Mailing Address 850 E. 10th Ave			Amount of Each Disbursement this Period 2.75	
City Wellington	State KS	Zip Code 67246	Transaction ID : SB17-EX279	
Purpose of Disbursement toll		Category/ Type 002	[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)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. TGI Fridays</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2015	
Mailing Address 3200 E. Airfield Dr.			Amount of Each Disbursement this Period 14.23	
City Irving	State TX	Zip Code 75038	Transaction ID : SB17-EX281	
Purpose of Disbursement meal		Category/ Type 002	[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)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	108.35
<b>TOTAL</b> 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 66 OF 92			
	<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) <b>A. Tortilla Coast</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2015
Mailing Address 400 First St SE			Amount of Each Disbursement this Period 59.37
City Washington	State DC	Zip Code 20003	Transaction ID : SB17-EX282  [MEMO ITEM]
Purpose of Disbursement meal		002 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>B. ABM Parking</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2015
Mailing Address 2098 S. Airport Rd.			Amount of Each Disbursement this Period 32.00
City Wichita	State KS	Zip Code 67209	Transaction ID : SB17-EX283  [MEMO ITEM]
Purpose of Disbursement parking		002 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>c. Wheatland Card Solutions</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2015
Mailing Address PO Box 1242			Amount of Each Disbursement this Period 490.30
City Wichita	State KS	Zip Code 67201	Transaction ID : SB17-EX284  credit card payment see memo
Purpose of Disbursement credit card payment see memo		001 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: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	490.30
<b>TOTAL</b> 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 67 OF 92			
	<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) <b>A. Amazon.com</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2015
Mailing Address 1200 12th Ave. South STE 1200		Amount of Each Disbursement this Period 30.24
City Seattle State WA Zip Code 98144	Purpose of Disbursement supplies	
Candidate Name	Category/Type 001	Transaction ID : SB17-EX285 <b>[MEMO ITEM]</b>
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>B. Kaeser &amp; Blair Incorporated</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2015
Mailing Address 4236 Grisson Drive		Amount of Each Disbursement this Period 460.06
City Batavia State OH Zip Code 45103	Purpose of Disbursement printing	
Candidate Name	Category/Type 001	Transaction ID : SB17-EX286 <b>[MEMO ITEM]</b>
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>c. Wheatland Card Solutions</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2015
Mailing Address PO Box 1242		Amount of Each Disbursement this Period 190.62
City Wichita State KS Zip Code 67201	Purpose of Disbursement credit card payment see memo	
Candidate Name	Category/Type 007	Transaction ID : SB17-EX287 credit card payment see memo
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	190.62
<b>TOTAL</b> 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 68 OF 92			
	<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) <b>A. Dillons</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2015		
Mailing Address 4107 10th Street			Amount of Each Disbursement this Period 161.70		
City Great Bend	State KS	Zip Code 67530	Transaction ID : SB17-EX288		
Purpose of Disbursement event supplies		Category/ Type 007	[MEMO ITEM]		
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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>B. Ellinwood Packing Plant</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2015		
Mailing Address 989 E. Hwy 56			Amount of Each Disbursement this Period 28.92		
City Ellinwood	State KS	Zip Code 67526	Transaction ID : SB17-EX289		
Purpose of Disbursement event supplies		Category/ Type 007	[MEMO ITEM]		
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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>c. Wheatland Card Solutions</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2015		
Mailing Address PO Box 1242			Amount of Each Disbursement this Period 50.48		
City Wichita	State KS	Zip Code 67201	Transaction ID : SB17-EX291		
Purpose of Disbursement credit card service fee		Category/ Type 001	credit card service fee		
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	50.48
<b>TOTAL</b> 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 69 OF 92			
	<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) <b>A. Wheatland Card Solutions</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015	
Mailing Address PO Box 1242			Amount of Each Disbursement this Period 166.27	
City Wichita	State KS	Zip Code 67201	Transaction ID : SB17-EX309	
Purpose of Disbursement credit card payment see memo		Category/ Type 007	credit card payment see memo	
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>B. VistaPrint</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015	
Mailing Address 95 Hayden Ave.			Amount of Each Disbursement this Period 166.27	
City Lexington	State MA	Zip Code 02421	Transaction ID : SB17-EX310	
Purpose of Disbursement printing		Category/ Type 007	[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)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Wheatland Card Solutions</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015	
Mailing Address PO Box 1242			Amount of Each Disbursement this Period 402.78	
City Wichita	State KS	Zip Code 67201	Transaction ID : SB17-EX311	
Purpose of Disbursement credit card payment see memo		Category/ Type 001	credit card payment see memo	
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	569.05
<b>TOTAL</b> 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 70 OF 92			
	<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) <b>A. United States Post Office</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015
Mailing Address 2100 16th Street		Amount of Each Disbursement this Period 294.00
City Great Bend	State KS	Zip Code 67530
Purpose of Disbursement postage	Category/ Type 001	
Candidate Name	Transaction ID : SB17-EX312	
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:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>B. WalMart</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015
Mailing Address 3503 10th Street		Amount of Each Disbursement this Period 108.78
City Great Bend	State KS	Zip Code 67530
Purpose of Disbursement supplies	Category/ Type 001	
Candidate Name	Transaction ID : SB17-EX313	
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:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>c. Wheatland Card Solutions</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2015
Mailing Address PO Box 1242		Amount of Each Disbursement this Period 135.50
City Wichita	State KS	Zip Code 67201
Purpose of Disbursement credit card service fee	Category/ Type 001	
Candidate Name	Transaction ID : SB17-EX321	
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:	credit card service fee	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	135.50
<b>TOTAL</b> 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 71 OF 92			
	<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) <b>A. Wheatland Card Solutions</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address PO Box 1242		Amount of Each Disbursement this Period 201.31
City Wichita	State KS	Zip Code 67201
Purpose of Disbursement credit card payment see memo	001 Category/ Type	
Candidate Name		<b>Transaction ID : SB17-EX335</b>
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:	credit card payment see memo	

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 201.31
City Lehigh Valley	State PA	Zip Code 18002
Purpose of Disbursement telephone	001 Category/ Type	
Candidate Name		<b>Transaction ID : SB17-EX336</b>
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:	<b>[MEMO ITEM]</b>	

Full Name (Last, First, Middle Initial) <b>c. Wheatland Card Solutions</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address PO Box 1242		Amount of Each Disbursement this Period 128.58
City Wichita	State KS	Zip Code 67201
Purpose of Disbursement credit card payment see memo	001 Category/ Type	
Candidate Name		<b>Transaction ID : SB17-EX337</b>
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:	credit card payment see memo	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	329.89
<b>TOTAL</b> 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 72 OF 92			
	<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) <b>A. Waters True Value</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 1649 W K-96 HWY		Amount of Each Disbursement this Period 36.78
City Great Bend	State KS	
Zip Code 67530	Purpose of Disbursement supplies	Transaction ID : SB17-EX338 <b>[MEMO ITEM]</b>
Candidate Name	001 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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Walgreens</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 3920 10th Street		Amount of Each Disbursement this Period 3.78
City Great Bend	State KS	
Zip Code 67530	Purpose of Disbursement supplies	Transaction ID : SB17-EX339 <b>[MEMO ITEM]</b>
Candidate Name	001 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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. WalMart</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 3503 10th Street		Amount of Each Disbursement this Period 28.66
City Great Bend	State KS	
Zip Code 67530	Purpose of Disbursement supplies	Transaction ID : SB17-EX340 <b>[MEMO ITEM]</b>
Candidate Name	001 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)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 73 OF 92			
	<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) <b>A. United States Post Office</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 2100 16th Street			Amount of Each Disbursement this Period 14.51
City Great Bend	State KS	Zip Code 67530	Transaction ID : SB17-EX341 <b>[MEMO ITEM]</b>
Purpose of Disbursement shipping	Category/ Type 001		
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>B. PeopleSmart</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address PO Box 391146			Amount of Each Disbursement this Period 44.85
City Omaha	State NE	Zip Code 68139	Transaction ID : SB17-EX342 <b>[MEMO ITEM]</b>
Purpose of Disbursement subscription	Category/ Type 001		
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>C. Office Products Incorporated</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015
Mailing Address 1204 Main Street			Amount of Each Disbursement this Period 123.01
City Great Bend	State KS	Zip Code 67530	Transaction ID : SB17-EX303 office supplies
Purpose of Disbursement office supplies	Category/ Type 001		
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	123.01
<b>TOTAL</b> 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 74 OF 92	
	<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) <b>A. Great Bend Regional Hospital</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015	
Mailing Address 514 Cleveland Street			Amount of Each Disbursement this Period 300.00	
City Great Bend	State KS	Zip Code 67530	Transaction ID : SB17-EX329	
Purpose of Disbursement 4th quarter incidentals		Category/ Type 001	4th quarter incidentals	
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>B. Verizon Wireless</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2015	
Mailing Address PO Box 25505			Amount of Each Disbursement this Period 218.73	
City Lehigh Valley	State PA	Zip Code 18002	Transaction ID : SB17-EX259	
Purpose of Disbursement telephone		Category/ Type 001	telephone	
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>C. Verizon Wireless</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015	
Mailing Address PO Box 25505			Amount of Each Disbursement this Period 201.31	
City Lehigh Valley	State PA	Zip Code 18002	Transaction ID : SB17-EX302	
Purpose of Disbursement telephone		Category/ Type 001	telephone	
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	720.04
<b>TOTAL</b> 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 75 OF 92	
	<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) <b>A. Kansas Department Of Revenue</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2015
Mailing Address 915 SW Harrison Street		Amount of Each Disbursement this Period 77.00
City Topeka	State KS	
Zip Code 66612	Purpose of Disbursement KS withholding tax	<b>Transaction ID : SB17-EX212</b>
Candidate Name	001 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)	KS withholding tax
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Kansas Department Of Revenue</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2015
Mailing Address 915 SW Harrison Street		Amount of Each Disbursement this Period 598.37
City Topeka	State KS	
Zip Code 66612	Purpose of Disbursement Compensating Use Tax	<b>Transaction ID : SB17-EX249</b>
Candidate Name	001 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)	Compensating Use Tax
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Kansas Department Of Revenue</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2015
Mailing Address 915 SW Harrison Street		Amount of Each Disbursement this Period 45.00
City Topeka	State KS	
Zip Code 66612	Purpose of Disbursement KS withholding tax	<b>Transaction ID : SB17-EX258</b>
Candidate Name	001 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)	KS withholding tax
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	720.37
<b>TOTAL</b> 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 76 OF 92			
	<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) <b>A. Kansas Department Of Revenue</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2015
Mailing Address 915 SW Harrison Street			Amount of Each Disbursement this Period 57.00
City Topeka	State KS	Zip Code 66612	
Purpose of Disbursement KS withholding tax		Category/ Type 001	<b>Transaction ID : SB17-EX296</b>
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)		KS withholding tax
State: District:			

Full Name (Last, First, Middle Initial) <b>B. United States Department Of Treasury</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2015
Mailing Address Internal Revenue Service			Amount of Each Disbursement this Period 731.16
City Ogden	State UT	Zip Code 84201	
Purpose of Disbursement federal employment tax (form 941)		Category/ Type 001	<b>Transaction ID : SB17-EX213</b>
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)		federal employment tax (form 941)
State: District:			

Full Name (Last, First, Middle Initial) <b>c. United States Department Of Treasury</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2015
Mailing Address Internal Revenue Service			Amount of Each Disbursement this Period 453.10
City Ogden	State UT	Zip Code 84201	
Purpose of Disbursement federal employment tax (form 941)		Category/ Type 001	<b>Transaction ID : SB17-EX257</b>
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)		federal employment tax (form 941)
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1241.26
<b>TOTAL</b> 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 77 OF 92	
	<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) <b>A. United States Department Of Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2015
Mailing Address Internal Revenue Service		Amount of Each Disbursement this Period 525.54
City Ogden	State UT	Zip Code 84201
Purpose of Disbursement federal employment tax (form 941)	Category/Type 001	
Candidate Name		Transaction ID : SB17-EX295
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:	federal employment tax (form 941)	

Full Name (Last, First, Middle Initial) <b>B. Kansas Department Of Labor</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2015
Mailing Address PO Box 400		Amount of Each Disbursement this Period 421.64
City Topeka	State KS	Zip Code 66601
Purpose of Disbursement Kansas unemployment tax	Category/Type 001	
Candidate Name		Transaction ID : SB17-EX250
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:	Kansas unemployment tax	

Full Name (Last, First, Middle Initial) <b>C. Marshall OBGYN</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 514 Cleveland		Amount of Each Disbursement this Period 150.00
City Great Bend	State KS	Zip Code 67530
Purpose of Disbursement 4th quarter phone usage	Category/Type 001	
Candidate Name		Transaction ID : SB17-EX330
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:	4th quarter phone usage	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1097.18
<b>TOTAL</b> 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 78 OF 92			
	<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) <b>A. LVMC Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address PO Box 106		Amount of Each Disbursement this Period 600.00
City Great Bend	State KS	Zip Code 67530
Purpose of Disbursement 4th quarter building rent	Category/ Type 001	<b>Transaction ID : SB17-EX331</b>
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:	4th quarter building rent

Full Name (Last, First, Middle Initial) <b>B. Paige Shearer</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015
Mailing Address 5240 North Hillbrooke Trace		Amount of Each Disbursement this Period 50.00
City Alpharetta	State GA	Zip Code 30005
Purpose of Disbursement contract labor	Category/ Type 001	<b>Transaction ID : SB17-EX304</b>
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:	contract labor

Full Name (Last, First, Middle Initial) <b>c. Paige Shearer</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 5240 North Hillbrooke Trace		Amount of Each Disbursement this Period 50.00
City Alpharetta	State GA	Zip Code 30005
Purpose of Disbursement contract labor	Category/ Type 001	<b>Transaction ID : SB17-EX328</b>
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:	contract labor

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	700.00
<b>TOTAL</b> 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 79 OF 92			
	<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) <b>A. Loree Anne Thompson</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2015
Mailing Address 5010 Indian Creek Parkway Apt 207		Amount of Each Disbursement this Period 1000.00
City Overland Park	State KS	Zip Code 66207
Purpose of Disbursement contract labor	Category/Type 001	
Candidate Name	Transaction ID : SB17-EX268	
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)	contract labor
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Loree Anne Thompson</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2015
Mailing Address 5010 Indian Creek Parkway Apt 207		Amount of Each Disbursement this Period 321.63
City Overland Park	State KS	Zip Code 66207
Purpose of Disbursement see memo	Category/Type 007	
Candidate Name	Transaction ID : SB17-EX269	
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)	see memo
State: District:		

Full Name (Last, First, Middle Initial) <b>c. United States Post Office</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2015
Mailing Address 2100 16th Street		Amount of Each Disbursement this Period 98.00
City Great Bend	State KS	Zip Code 67530
Purpose of Disbursement postage	Category/Type 007	
Candidate Name	Transaction ID : SB17-EX270	
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1321.63
<b>TOTAL</b> 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 80 OF 92			
	<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)		Date of Disbursement											
<b>A. Fed Ex</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>30</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	10		30		2015
M M	/	D D	/	Y Y Y Y									
10		30		2015									
Mailing Address PO Box 660481		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Dallas</td> <td>TX</td> <td>75266</td> </tr> </table>		City	State	Zip Code	Dallas	TX	75266	<table border="1"> <tr> <td>33.15</td> </tr> </table>		33.15			
City	State	Zip Code											
Dallas	TX	75266											
33.15													
Purpose of Disbursement shipping		Transaction ID : SB17-EX271											
Candidate Name		[MEMO ITEM]											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016											
State: District:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>B. VistaPrint</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>30</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	10		30		2015
M M	/	D D	/	Y Y Y Y									
10		30		2015									
Mailing Address 95 Hayden Ave.		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Lexington</td> <td>MA</td> <td>02421</td> </tr> </table>		City	State	Zip Code	Lexington	MA	02421	<table border="1"> <tr> <td>190.48</td> </tr> </table>		190.48			
City	State	Zip Code											
Lexington	MA	02421											
190.48													
Purpose of Disbursement printing		Transaction ID : SB17-EX272											
Candidate Name		[MEMO ITEM]											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016											
State: District:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>C. Loree Anne Thompson</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>01</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	12		01		2015
M M	/	D D	/	Y Y Y Y									
12		01		2015									
Mailing Address 5010 Indian Creek Parkway Apt 207		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Overland Park</td> <td>KS</td> <td>66207</td> </tr> </table>		City	State	Zip Code	Overland Park	KS	66207	<table border="1"> <tr> <td>1000.00</td> </tr> </table>		1000.00			
City	State	Zip Code											
Overland Park	KS	66207											
1000.00													
Purpose of Disbursement contract labor		Transaction ID : SB17-EX305											
Candidate Name		contract labor											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016											
State: District:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1000.00
<b>TOTAL</b> 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 81 OF 92			
	<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) <b>A. Loree Anne Thompson</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015	
Mailing Address 5010 Indian Creek Parkway Apt 207			Amount of Each Disbursement this Period 106.97	
City Overland Park	State KS	Zip Code 66207	Transaction ID : SB17-EX306	
Purpose of Disbursement see memo		Category/ Type 007	see memo	
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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>B. Fed Ex</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015	
Mailing Address PO Box 660481			Amount of Each Disbursement this Period 106.97	
City Dallas	State TX	Zip Code 75266	Transaction ID : SB17-EX307	
Purpose of Disbursement shipping		Category/ Type 007	[MEMO ITEM]	
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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>c. Herty Group LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015	
Mailing Address 5010 Indian Creek Parkway			Amount of Each Disbursement this Period 1084.00	
City Overland Park	State KS	Zip Code 66207	Transaction ID : SB17-EX308	
Purpose of Disbursement contract labor		Category/ Type 001	contract labor	
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1190.97
<b>TOTAL</b> 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 82 OF 92			
	<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) <b>A. Herty Group LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015	
Mailing Address 5010 Indian Creek Parkway			Amount of Each Disbursement this Period 1000.00	
City Overland Park	State KS	Zip Code 66207	Transaction ID : SB17-EX327	
Purpose of Disbursement contract labor		Category/ Type 001	contract labor	
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>B. Key &amp; Associates</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015	
Mailing Address 12176 Chancery Station Circle			Amount of Each Disbursement this Period 1763.30	
City Reston	State VA	Zip Code 20190	Transaction ID : SB17-EX314	
Purpose of Disbursement general campaign consulting and reimbursements		Category/ Type 007	general campaign consulting and reimbursements	
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>c. Capitol Hill Club</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015	
Mailing Address 300 First St SE			Amount of Each Disbursement this Period 23.80	
City Washington	State DC	Zip Code 20003	Transaction ID : SB17-EX315	
Purpose of Disbursement meals		Category/ Type 007	[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)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2763.30
<b>TOTAL</b> 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 83 OF 92			
	<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) <b>A. Bistro Bis</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015	
Mailing Address 15 E Street NW			Amount of Each Disbursement this Period 75.66	
City Washington	State DC	Zip Code 20003	Transaction ID : SB17-EX316	
Purpose of Disbursement meals		Category/ Type 007	[MEMO ITEM]	
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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>B. One City</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015	
Mailing Address 2235 Shannon Place SE			Amount of Each Disbursement this Period 79.09	
City Washington	State DC	Zip Code 20020	Transaction ID : SB17-EX317	
Purpose of Disbursement transportation		Category/ Type 007	[MEMO ITEM]	
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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>c. MJ Valet</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015	
Mailing Address 1425 K Street NW #350			Amount of Each Disbursement this Period 84.75	
City Washington	State DC	Zip Code 20005	Transaction ID : SB17-EX318	
Purpose of Disbursement parking		Category/ Type 007	[MEMO ITEM]	
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 84 OF 92			
	<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) <b>A. Dr. Roger W Marshall</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2015
Mailing Address 4501 Quail Creek Dr		Amount of Each Disbursement this Period 67.00
City Great Bend	State KS	
Zip Code 67530	Purpose of Disbursement IN-KIND RECEIVED Cab Fare	In-Kind Received Cab Fare
Candidate Name <b>Dr. Roger W Marshall</b>	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) Primary 2016	
State: KS District: 01		

Full Name (Last, First, Middle Initial) <b>B. Dr. Roger W Marshall</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2015
Mailing Address 4501 Quail Creek Dr		Amount of Each Disbursement this Period 2.75
City Great Bend	State KS	
Zip Code 67530	Purpose of Disbursement IN-KIND RECEIVED toll	In-Kind Received toll
Candidate Name <b>Dr. Roger W Marshall</b>	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) Primary 2016	
State: KS District: 01		

Full Name (Last, First, Middle Initial) <b>c. Dr. Roger W Marshall</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2015
Mailing Address 4501 Quail Creek Dr		Amount of Each Disbursement this Period 692.56
City Great Bend	State KS	
Zip Code 67530	Purpose of Disbursement IN-KIND RECEIVED airfare lodging	In-Kind Received airfare lodging
Candidate Name <b>Dr. Roger W Marshall</b>	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) Primary 2016	
State: KS District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	762.31
<b>TOTAL</b> 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 85 OF 92			
	<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) <b>A. Dr. Roger W Marshall</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 30 / 2015</b>
Mailing Address 4501 Quail Creek Dr		Amount of Each Disbursement this Period <b>864.80</b>
City Great Bend	State KS	Zip Code 67530
Purpose of Disbursement IN-KIND RECEIVED mileage	Category/ Type	
Candidate Name <b>Dr. Roger W Marshall</b>	Transaction ID : <b>SB17-CN1669</b>	
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) Primary 2016	
State: KS District: 01	In-Kind Received mileage	

Full Name (Last, First, Middle Initial) <b>B. Dr. Roger W Marshall</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 25 / 2015</b>
Mailing Address 4501 Quail Creek Dr		Amount of Each Disbursement this Period <b>109.74</b>
City Great Bend	State KS	Zip Code 67530
Purpose of Disbursement IN-KIND RECEIVED	Category/ Type	
Candidate Name <b>Dr. Roger W Marshall</b>	Transaction ID : <b>SB17-CN1710</b>	
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) Primary 2016	
State: KS District: 01	In-Kind Received	

Full Name (Last, First, Middle Initial) <b>c. Dr. Roger W Marshall</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 25 / 2015</b>
Mailing Address 4501 Quail Creek Dr		Amount of Each Disbursement this Period <b>97.43</b>
City Great Bend	State KS	Zip Code 67530
Purpose of Disbursement IN-KIND RECEIVED	Category/ Type	
Candidate Name <b>Dr. Roger W Marshall</b>	Transaction ID : <b>SB17-CN1711</b>	
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) Primary 2016	
State: KS District: 01	In-Kind Received	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1071.97</b>
<b>TOTAL</b> 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 86 OF 92			
	<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) <b>A. Dr. Roger W Marshall</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2015
Mailing Address 4501 Quail Creek Dr		Amount of Each Disbursement this Period 532.84 <b>Transaction ID : SB17-CN1712</b>
City Great Bend	State KS	
Zip Code 67530	Purpose of Disbursement IN-KIND RECEIVED	Category/ Type
Candidate Name <b>Dr. Roger W Marshall</b>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2016	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 01		
		In-Kind Received

Full Name (Last, First, Middle Initial) <b>B. Dr. Roger W Marshall</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015
Mailing Address 4501 Quail Creek Dr		Amount of Each Disbursement this Period 956.80 <b>Transaction ID : SB17-CN1716</b>
City Great Bend	State KS	
Zip Code 67530	Purpose of Disbursement IN-KIND RECEIVED mileage	Category/ Type
Candidate Name <b>Dr. Roger W Marshall</b>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2016	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 01		
		In-Kind Received mileage

Full Name (Last, First, Middle Initial) <b>c. Dr. Roger W Marshall</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2015
Mailing Address 4501 Quail Creek Dr		Amount of Each Disbursement this Period 625.84 <b>Transaction ID : SB17-CN1725</b>
City Great Bend	State KS	
Zip Code 67530	Purpose of Disbursement IN-KIND RECEIVED airfare	Category/ Type
Candidate Name <b>Dr. Roger W Marshall</b>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2016	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 01		
		In-Kind Received airfare

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2115.84
<b>TOTAL</b> 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 87 OF 92			
	<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) <b>A. Dr. Roger W Marshall</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 30 / 2015</b>
Mailing Address 4501 Quail Creek Dr		Amount of Each Disbursement this Period <b>1097.68</b>
City Great Bend	State KS	
Zip Code 67530	Purpose of Disbursement IN-KIND RECEIVED mileage	<b>Transaction ID : SB17-CN1756</b>
Candidate Name <b>Dr. Roger W Marshall</b>	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) Primary 2016	In-Kind Received mileage
State: KS	District: 01	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	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>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	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:

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1097.68</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>32250.45</b>

**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)  
**Kansans for Marshall**

Transaction ID : **SC10-LN1**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2016

**Roger Marshall**

Primary  
 General  
 Other (specify) ▼

Mailing Address  
4501 Quail Creek

City State ZIP Code  
Great Bend KS 67530

Roger Marshall - personal funds

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
4000.00	.00	4000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

/  / 
 /  / 
 % (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: <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"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="4000.00"/>
<b>TOTALS</b> 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)  
Kansans for Marshall

Transaction ID : SC10-LN2

LOAN SOURCE Full Name (Last, First, Middle Initial)

Roger Marshall

[PERSONAL FUNDS]

Election: 2016

Primary  
 General  
 Other (specify) ▼

Mailing Address  
4501 Quail Creek

City State ZIP Code  
Great Bend KS 67530

Roger Marshall - personal funds

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	.00	25000.00

**TERMS**

Date Incurred: M 04 / D 06 / Y 2015  
Date Due: M 04 / D 07 / Y 2030  
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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	25000.00
<b>TOTALS</b> 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**

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)  
**Kansans for Marshall**

Transaction ID : **SC10-LN3**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**Roger Marshall**

**[PERSONAL FUNDS]**

Election: 2016

Primary  
 General  
 Other (specify) ▼

Mailing Address  
4501 Quail Creek

City State ZIP Code  
Great Bend KS 67530

Roger Marshall - personal funds

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
50000.00 .00 50000.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
09 / 30 / 2015 09 / 30 / 2035 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)..... ▶

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)  
**Kansans for Marshall**

Transaction ID : **SC10-LN4**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**Roger Marshall**

**[PERSONAL FUNDS]**

Election: 2016

Primary  
 General  
 Other (specify) ▼

Mailing Address  
4501 Quail Creek

City State ZIP Code  
Great Bend KS 67530

Roger Marshall - personal funds

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
40000.00	.00	40000.00

**TERMS**

Date Incurred: M 12 / D 31 / Y 2015  
 Date Due: M 12 / D 31 / Y 2030  
 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)..... ▶ 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 : **SC10-LN5**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2016  
**Roger Marshall**  Primary  
 Mailing Address 4501 Quail Creek General  
 Other (specify) ▼

City State ZIP Code Roger Marshall - personal funds  
 Great Bend KS 67530

Original Amount of Loan 30000.00	Cumulative Payment To Date .00	Balance Outstanding at Close of This Period 30000.00
-------------------------------------	-----------------------------------	---

**TERMS** Date Incurred Date Due Interest Rate Secured:  
 M 12 / D 31 / Y 2015 M 12 / D 31 / Y 2030 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	30000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	149000.00

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