Only

PAGE 1 / 10 ·

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Kansas Republican Party PO Box 4157 ADDRESS (number and street) (Check if address is changed) Topeka 66604-0157 KS CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS shannon@Kansas.gop (Check if address is changed) Optional Second E-Mail Address outsourcing@aristotle.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.kansas.gop (Check if address is changed) DATE 2022 C00004606 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Reynolds, Cheryl, , , Type or Print Name of Treasurer Reynolds, Cheryl,,, [Electronically Filed] 08 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page 2
. TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Cor	nplete the candidate information below.)
(b) This committee is an authorized committee, and is NOT information below.)	a principal campaign committee. (Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House	State President District
(c) This committee supports/opposes only one candidate, a	
Name of Candidate	
Party Committee:	
(d) This committee is a STA (National, State or subordinate) co	(Democratic, REP Republican, etc.) Party
or subordinate) co	Trepublican, etc., rarty
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify	connected organization on line 6.) Its connected organization is a:
Corporation	tion w/o Capital Stock Labor Organization
	ssociation Cooperative
In addition, this committee is a Lobbyist/Regis	_
	al candidate, and is NOT a separate segregated fund or party
In addition, this committee is a Lobbyist/Regis	trant PAC.
In addition, this committee is a Leadership PA	
_	
(g) This committee is an independent expenditure-only polit	
In addition, this committee is a Lobbyist/Regis	
(h) This committee is a political committee with both contrib	oution and non-contribution accounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Regis	trant PAC.
laint Eundraiaine Dannaaantativa	
Joint Fundraising Representative: This committee collects contributions pays fundraising e	expenses and disburses net proceeds for two or more political
(i) committees/organizations, at least one of which is an au	·
(j) This committee collects contributions, pays fundraising committees/organizations, none of which is an authorize	expenses and disburses net proceeds for two or more political and committee of a federal candidate.
Committees Participating in Joint Fundraiser	
1.	C

•	FEC Form 1 (Revise	ed 02/2009)	Page 3
W	Vrite or Type Committee Na	ime	
	Kansas Repu	ublican Party	
6.		d Organization, Affiliated Committee, Joint Fundraising Representa	ative, or Leadership PAC Sponsor
	Team Estes		
	Mailing Address	PO Box 30844	
	C		
		Bethesda , MC	20024 0044
		Bethesda	20824-0844
		CITY ▲ STAT	E ▲ ZIP CODE ▲
	Relationship: Connec	eted Organization Affiliated Organization 🗶 Joint Fundraising Repre	esentative Leadership PAC Sponso
			_
_			
7.	books and records.	dentify by name, address (phone number optional) and position of the p	person in possession of committee
	Wellma	ın, Emily, , ,	
	Full Name	", =::::::::::::::::::::::::::::::::::::	
	Marie a Addana	₁ 935 Ave X	
	Mailing Address		
		Alden	67512
		CITY ▲ STAT	E ▲ ZIP CODE ▲
	Title or Position ▼		
	Custodian of Records		785 224 7011
		Telephone number	
_	Transcrivery List the many		without and the name and address of
8.	any designated agent (e.	and address (phone number optional) of the treasurer of the comm g., assistant treasurer).	ninee, and the name and address of
	Full Name Reynol	ds, Cheryl, , ,	
	of Treasurer		
	Mailing Address	2120 NE 32st St	
	Maining / taurees		
		Topeka	S 66617 - - - -
		CITY ▲ STAT	E ▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	785 - 640 - 0866

FEC Form 1	(Revised 02/2009)		Page 4
Full Name of Designated Agent	Kuckelman, Michael, , ,		
Mailing Address	14339 S Caenen Ln		
	Olathe	KS	66062-9434
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
Designated Ager	nt I	none number 816	550
	Depositories: List all banks or other depositories in which the xes or maintains funds.	committee deposits fund	s, holds accounts, rents
Name of Bank, [Depository, etc.		
	Crossfirst Bank		
Mailing Address			
	Leawood	, , KS , , e	66224
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, [Depository, etc.		
	Fidelity State Bank		
Mailing Address	600 S Kansas		
	Topeka	KS KS	66603
	CITY A	STATE ▲	ZIP CODE ▲

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F1A Transaction ID:

Amending to add a Joint Fundraising Committee.

Form/Schedule: Transaction ID:

FEC Form 1S (Revised 02/2017)

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

Page ____ **of** _____

(h). Joint Fundrais	ing Participant:		
1.		FEC ID number	С
2		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
Name of Any Connected	d Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
Mailing Address	C/O RED CURVE SOLUTIONS		
	138 CONANT STREET, 2ND FLOOR		
	BEVERLY	MA I	01915-
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connect		int Fundraising Represent	ative Leadership PAC Spo
Connect	ed Organization Affiliated Committee	int Fundraising Representa	ative Leadership PAC Spo
Connect Designated Agent: Ident	ed Organization Affiliated Committee	int Fundraising Represent	Leadership PAC Spo
Connect Designated Agent: Ident Full Name	ed Organization Affiliated Committee	int Fundraising Representa	Leadership PAC Spo
Connect Designated Agent: Ident Full Name	ed Organization Affiliated Committee Joint		
Connect Designated Agent: Ident Full Name	ed Organization Affiliated Committee Joint	int Fundraising Representation	Leadership PAC Spo
Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION	ed Organization Affiliated Committee Joint		
Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit afety deposit boxes or n	ed Organization	STATE A Telephone Number	ZIP CODE A
Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit afety deposit boxes or not be a position, etc.	Affiliated Committee Affiliated Committee Joint Indian String S	STATE A Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Page _____ **of** _____

Connected Org	ganization Affiliated Committee			
Full Name	name, address (phone number – optio	ising Represen	tative	Leadership PAC Spon
Mailing Address				
TITLE OR POSITION ▼	CITY A	STATE ▲		ZIP CODE A

FEC Form 1S (Revised 02/2017)

Page ____ **of** ____

or(h). Joint Fundrais	ing Participant:		
1		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
	d Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Sponsor
Take Back the H	ouse 2022		
Mailing Address	PO Box 30844		
	Bethesda		20824-0844
Relationship:	CITY A	STATE A	ZIP CODE ▲
Connect	ed Organization Affiliated Committee	pint Fundraising Representa	ative Leadership PAC Spons
Full Name	ify by name, address (phone number – optional)		
	1		
TITLE OR POSITIO	CITY A	STATE A	ZIP CODE ▲
		Telephone Number	
safety deposit boxes or n	tories: List all banks or other depositories in whit naintains funds.	ch the committee deposit	s funds, holds accounts, rents
Mailing Address	277 S. Washington St.		
Mailing Address	277 S. Washington St. Alexandria	VA	22314

FEC Form 1S (Revised 02/2017)

Page ____ **of** _____

h). Joint Fundraisi i	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected Laturner Victory F	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
Mailing Address	PO Box 67237		
J. J. L. L.			
	Topeka	, KS	66667-0237
Relationship:	CITY A	STATE A	ZIP CODE A
riolationomp.	OITI Z	SIAIL	ZIF GODE A
	d Organization Affiliated Committee Joint Joint by by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)	t Fundraising Represent	
esignated Agent: Identif	y by name, address (phone number – optional) CITY		
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional) CITY	STATE A	
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposited afety deposit boxes or mailing and	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m ame of Bank, Eagle	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds. Bank	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m ame of Bank, Eagle epository, etc.	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds. Bank	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Page ____ **of** _____

Amanda Adkins Victor Mailing Address Relationship: Connected Org	PO Box 24085 Overland Park CITY	F	FEC ID number FEC ID number FEC ID number FEC ID number IN IT IN I	tive, or Le	adership PAC Spon
3. 4. Lame of Any Connected Org Amanda Adkins Victor Mailing Address Relationship: Connected Org	PO Box 24085 Overland Park CITY	pint Fundraisir	FEC ID numbering Representation	tive, or Le	2283-4085
ame of Any Connected Org Amanda Adkins Victor Mailing Address Relationship: Connected Org	PO Box 24085 Overland Park CITY	pint Fundraisir	Representa	tive, or Le	2283-4085
ame of Any Connected Org Amanda Adkins Victor Mailing Address Relationship: Connected Org	PO Box 24085 Overland Park CITY	pint Fundraisir	ng Representa	tive, or Le	2283-4085
Amanda Adkins Victor Mailing Address Relationship: Connected Org	PO Box 24085 Overland Park CITY		KS	666	2283-4085
Amanda Adkins Victor Mailing Address Relationship: Connected Org	PO Box 24085 Overland Park CITY		KS	666	2283-4085
Mailing Address	Overland Park CITY	X Joint Fund			
Mailing Address	Overland Park CITY	X Joint Fund			
Mailing Address	Overland Park CITY	X Joint Fund			
Relationship:	CITY A	X Joint Fund			
Relationship:	CITY A	X Joint Fund			
Connected Org		✗ Joint Fund	STATE		ZID CODE A
_	ganization Affiliated Committee	✗ Joint Fund			ZIF CODE
Full Name	name, address (phone number – o	ptional)	1 1 1 1		
Mailing Address					
L					
		1 1 1 1	1 1 1		- _
TITLE OR POSITION ▼	CITY A		STATE 4		ZIP CODE ▲
		Teleph	one Number		
anks or Other Denositories	List all banks or other depositories	s in which the	committee den	neite funde	holds accounts ren
afety deposit boxes or maintai				one rarido,	noido doodanto, ron
ame of Bank, Chain Brid	dge Bank				
Mailing Address 12	145-A Laughlin Avenue				
· ·					