

**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

AMANDA ADKINS FOR CONGRESS

ADDRESS (number and street)

PO BOX 24085



Check if different than previously reported. (ACC)

OVERLAND PARK

KS

66283

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00717876

3. IS THIS REPORT

☐ NEW (N)

OR

☒ AMENDED (A)

STATE ▼ DISTRICT

KS

03

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 2023

through

M M /

D D /

Y Y Y Y 2023

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 Phillips, Robert, , ,

Signature of Treasurer

Phillips, Robert, , ,

Date

M M /

D D /

Y Y Y Y 2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

AMANDA ADKINS FOR CONGRESS

Report Covering the Period: From: 01 / 01 / 2023 To: 03 / 31 / 2023

	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))	0.00	3306127.46
(b) Total Contribution Refunds (from Line 20(d))	0.00	10000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	3296127.46
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	21328.60	3712120.94
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	2727.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	21328.60	3709393.94
8. Cash on Hand at Close of Reporting Period (from Line 27)	7023.69	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

AMANDA ADKINS FOR CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY
01 / 01 / 2023

To:

MM / DD / YYYY
03 / 31 / 2023**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).....

0.00

2269821.12

(ii) Unitemized

0.00

458593.74

(iii) TOTAL of contributions
from individuals ▶

0.00

2728414.86

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

577712.60

(d) The Candidate

0.00

0.00

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..

0.00

3306127.46

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

424013.53

13. LOANS:

(a) Made or Guaranteed by the
Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.)

0.00

2727.00

15. OTHER RECEIPTS
(Dividends, Interest, etc.)

287.60

0.00

16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶

287.60

3732867.99

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	21328.60	3712120.94
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	2500.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	10000.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	10000.00
21. OTHER DISBURSEMENTS	0.00	500.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	21328.60	3725120.94

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	28064.69
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	287.60
25. SUBTOTAL (add Line 23 and Line 24).....	28352.29
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	21328.60
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	7023.69

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 5 OF 11

☐ 11a	☐ 11b	☐ 11c	☐ 11d
☐ 12	☐ 13a	☐ 13b	☐ 14
☒ 15			

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NAME OF COMMITTEE (In Full)

AMANDA ADKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

CROSSFIRST BANK

A.

Mailing Address 4622 PENNSYLVANIA AVE

STE 1500

City

KANSAS CITY

State

MO

Zip Code

64112

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Election Cycle-to-Date ▼

317.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	2	3

Transaction ID : SA15.44331

Amount of Each Receipt this Period

287.60

☐

Memo Item

BANK ADJUSTMENT

Full Name (Last, First, Middle Initial)

B.

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

☐

Memo Item

Full Name (Last, First, Middle Initial)

C.

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

☐

Memo Item

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

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

287.60

287.60

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

AMANDA ADKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. AMANDA ADKINS VICTORY COMMITTEE

Mailing Address PO BOX 24085

City
OVERLAND PARKState
KSZip Code
66283Purpose of Disbursement
REFUND EXCESSIVE TRANSFER

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	7	/	2	0	2	3

FEC Identification Number

C C00821504

Amount of Each Disbursement this Period

2900.00

Transaction ID : SB17.44317

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CROSSFIRST BANKMailing Address 4622 PENNSYLVANIA AVE
STE 1500City
KANSAS CITYState
MOZip Code
64112

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	9	/	2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

30.00

Transaction ID : SB17.44332

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CROSSFIRST BANKMailing Address 4622 PENNSYLVANIA AVE
STE 1500City
KANSAS CITYState
MOZip Code
64112Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

125.00

Transaction ID : SB17.44319

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3055.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

AMANDA ADKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. GODADDY

Mailing Address

City

State

Zip Code

Purpose of Disbursement
WEB SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

446.56

Transaction ID : SB17.44323

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GODADDY

Mailing Address

City

State

Zip Code

Purpose of Disbursement
WEB SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	7	/	2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

20.17

Transaction ID : SB17.44324

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HELLO HOUSTON CREATIVE, LLC

Mailing Address 7943 CHARLOTTE ST

City

KANSAS CITY

State

MO

Zip Code

64131

Purpose of Disbursement
CREATIVE SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	1	/	2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.44327

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

966.73

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

AMANDA ADKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. HenryAlanMailing Address 75 S High St
Ste. 4City
DublinState
OHZip Code
43017-2154Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

762.60

Transaction ID : SB17.44321

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HenryAlanMailing Address 75 S High St
Ste. 4City
DublinState
OHZip Code
43017-2154Purpose of Disbursement
ACCOUNTING & COMPLIANCE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

4000.00

Transaction ID : SB17.44320

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Hern For CongressMailing Address 555 Metro Pl N
Ste 525City
DublinState
OHZip Code
43017Purpose of Disbursement
REFUND CONTRIBUTION

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

900.00

Transaction ID : SB17.44312

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5662.60

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

AMANDA ADKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. MILLER, BART, , ,

Mailing Address 14712 LINDEN ST

City
OVERLAND PARKState
KSZip Code
66224Purpose of Disbursement
REFUND CONTRIBUTION

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	7		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.44314

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Muller, Amy, , ,

Mailing Address 30743 Victory Rd

City
PaolaState
KSZip Code
66071Purpose of Disbursement
REFUND CONTRIBUTION

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	7		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

2900.00

Transaction ID : SB17.44330

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NEHLS FOR CONGRESS

Mailing Address 555 METRO PLACE N

City
DUBLINState
OHZip Code
43017Purpose of Disbursement
REFUND CONTRIBUTION

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	2	3

FEC Identification Number

C C00730150

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.44329

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4400.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

AMANDA ADKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Walker, Wade, , ,

Mailing Address 5500 Fairway Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		17		2023

City
FairwayState
KSZip Code
66205-2640

FEC Identification Number

C

Purpose of Disbursement
REFUND CONTRIBUTION

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2320.00

Transaction ID : SB17.44315

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. WINRED

Mailing Address PO BOX 9891

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		03		2023

City
ARLINGTONState
VAZip Code
22219

FEC Identification Number

C C00694323

Purpose of Disbursement
CREDIT CARD PROCESSING

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3168.26

Transaction ID : SB17.44310

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. WINRED

Mailing Address PO BOX 9891

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		18		2023

City
ARLINGTONState
VAZip Code
22219

FEC Identification Number

C C00694323

Purpose of Disbursement
CREDIT CARD PROCESSING

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

776.69

Transaction ID : SB17.44311

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

6264.95

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

AMANDA ADKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. WINRED

Mailing Address PO BOX 9891

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		02		2023

City
ARLINGTONState
VAZip Code
22219

FEC Identification Number

C C00694323

Purpose of Disbursement
CREDIT CARD PROCESSING

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

497.74

Transaction ID : SB17.44313

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. WINRED

Mailing Address PO BOX 9891

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		01		2023

City
ARLINGTONState
VAZip Code
22219

FEC Identification Number

C C00694323

Purpose of Disbursement
CREDIT CARD PROCESSING

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

346.71

Transaction ID : SB17.44318

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

844.45

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

21193.73