

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL ☐ (Check if name is changed) JOE BELLIS, AN AMERICAN FOR PRESIDENT, 2000		2. DATE 1/8/99
(b) Number and Street Address ☐ (Check if address is changed) 6815 MACKEY SUITE 2000		3. FEC Identification Number
(c) City, State and ZIP Code OVERLAND PARK KS 66204		4. Is This Report An Amendment? ☐ YES ☒ NO

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COMMISSION MAIL ROOM

JAN 11 12 39 PM '99

5. TYPE OF COMMITTEE (Check one)

- ☒ (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- ☐ (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
- | | | | |
|--|---|-----------------------------------|-------------------------------|
| Name of Candidate
JOSEPH K. BELLIS III | Candidate Party Affiliation
NONE/AMERICAN | Office Sought
PRESIDENT | State/District
KS-3 |
|--|---|-----------------------------------|-------------------------------|
- ☐ (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)
- ☐ (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
- ☐ (e) This committee is a separate segregated fund.
- ☐ (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization

☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization ☐ Membership Organization ☐ Trade Association ☐ Cooperative

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name LORRAINE BELLIS	Mailing Address 6815 MACKEY, SUITE 2000, OVERLAND PARK, KS 66204	Title or Position TREASURER
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8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name LORRAINE BELLIS	Mailing Address 6815 MACKEY, SUITE 2000 OVERLAND PARK KS 66204	Title or Position TREASURER
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9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. FIRST NATIONAL BANK OF OVERLAND PARK	Mailing Address and ZIP Code 9700 METCALF OVERLAND PARK KS 66210
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I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER Lorraine K Bellis	SIGNATURE OF TREASURER <i>Lorraine K. Bellis</i>	DATE 1/8/99
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
Federal Election Commission
Toll-free 800-424-9590
Local 202-219-3420

FE6AN121

FEC FORM 1
(revised 4/87)

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

☒ Hand Delivered	Date of Receipt 1-11-99
☐ First Class Mail	POSTMARKED
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SL4 PREPARER	1-11-99 DATE PREPARED