FEC

Only

STATEMENT OF **ORGANIZATION**

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FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. FREE STATE PAC PO Box 541 ADDRESS (number and street) (Check if address is changed) Belleville 66935-0541 KS CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address t_gottschalk@gottschalkcpas.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 30 2024 C00455717 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Type or Print Name of Treasurer GOTTSCHALK, TIMOTHY, , , GOTTSCHALK, TIMOTHY, , , Date 07 30 2024 Signature of Treasurer 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

C Form	1 (Revised 03/2022) Page 2
	OF COMMITTEE:
	date Committee:
(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 Candid	
Candid Party	date Affiliation Sought: House Senate President District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
	ne of didate
Party (Committee:
(d)	This committee is a (National, State or subordinate) committee of the Republican, etc.) Party
Politica	al Action Committee (PAC):
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is
_	Corporation w/o Copital Stock
	Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.
(f) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
	In addition, this committee is a Lobbyist/Registrant PAC.
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
(g)	This committee is an independent expenditure-only political committee (Super PAC).
	In addition, this committee is a Lobbyist/Registrant PAC.
(h)	This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).
	In addition, this committee is a Lobbyist/Registrant PAC.
Joint F	Fundraising Representative:
(i)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(j)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
Com	nmittees Participating in Joint Fundraiser
1.	C

_	FEC Form 1 (Revised	02/2009)	Page 3
۷	Vrite or Type Committee Nam		
	FREE STATE F	PAC	
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Represent	ative, or Leadership PAC Sponsor
	Red Victory 2022		
	Mailing Address	PO Box 183	
		Hudson	54016-0183
		CITY ▲ STAT	E ▲ ZIP CODE ▲
	Relationship: Connecte	d Organization Affiliated Organization X Joint Fundraising Repr	esentative Leadership PAC Sponso
7.	Custodian of Records: Idea books and records.	ntify by name, address (phone number optional) and position of the p	person in possession of committee
	GOTTSC Full Name	HALK, TIMOTHY, , ,	
	Mailing Address	PO BOX 541	
		Belleville	66935-0541
		CITY ▲ STAT	E ▲ ZIP CODE ▲
	Title or Position ▼		
	Custodian of Records	Telephone number	785 - 527 - 5631
8.	Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the comr assistant treasurer).	mittee; and the name and address of
		HALK, TIMOTHY, , ,	
	of Treasurer	DO DOV 544	
	Mailing Address	PO BOX 541	
		Belleville	S 66935-0541 -
		CITY ▲ STAT	E ▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	785 - 527 - 5631

FEC Form	I (Revised 02/2009)		Page 4
Full Name of Designated Agent	GOTTSCHALK, TIMOTHY, , ,		
Mailing Address	PO BOX 541		
	Belleville	KS L	66935-0541
Title or Desition	CITY ▲	STATE ▲	ZIP CODE ▲
Title or Position Designated Age	nt .	one number 785	527 5631
Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the oxes or maintains funds.	committee deposits func	ls, holds accounts, rents
Name of Bank, I	Depository, etc.		
	Astra Bank		
Mailing Address	PO Box 10		
	BELLEVILLE	KS L	66935
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, I	Depository, etc.		
	BB&T Bank		
Mailing Address	2200 Wilson Blvd.		
	Arlington	VA [22201
	CITY ▲	STATE ▲	ZIP CODE ▲

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

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h). Joint Fundraisi r	ig Participant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Moran Victory Comm	nittee 		
Mailing Address	PO Box 541		
	Belleville	KS	66935-
-	OITV A	STATE ▲	ZIP CODE ▲
Relationship:	CITY Add Organization Affiliated Committee X Joint	Fundraising Representa	Leadership PAC S
Connecte			Leadership PAC S
Connecte	d Organization Affiliated Committee X Joint		Leadership PAC S
esignated Agent: Identif	d Organization Affiliated Committee X Joint		Leadership PAC S
Connecte esignated Agent: Identif	d Organization Affiliated Committee X Joint		Leadership PAC S
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esignated Agent: Identif	Affiliated Committee X Joint by by name, address (phone number – optional) CITY	Fundraising Representation	
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Agents or Other Deposite Safety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee X Joint by by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	Fundraising Representation	ZIP CODE A
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esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee	Fundraising Representation	ZIP CODE A

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

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(h). Joint Fundrais	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4		FEC ID number	C
Name of Any Connecte	d Organization, Affiliated Committee, Joint Fur	ndraising Representative	e, or Leadership PAC Spons
MOKAN VICTORY	FUND		
Mailing Address	4741 CENTRAL ST	1 1 1 1 1 1 1	
	STE 444		
	KANSAS CITY	MO	64112-
	OITV +	STATE A	ZIP CODE ▲
	CITY ▲ ed Organization	oint Fundraising Represent	ative Leadership PAC Spo
Connect	ed Organization Affiliated Committee X Jo		ative Leadership PAC Spo
Connect Designated Agent: Ident	ed Organization Affiliated Committee X Jo		ative Leadership PAC Spo
Connect Designated Agent: Ident Full Name	ed Organization Affiliated Committee X Jo		ative Leadership PAC Spo
Connect Designated Agent: Ident Full Name	ed Organization Affiliated Committee X Jo	oint Fundraising Represent	ative Leadership PAC Spo
Connect Designated Agent: Ident Full Name	ed Organization Affiliated Committee X Joint Joi		Leadership PAC Spo
Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION	ed Organization Affiliated Committee X Joint Joi	oint Fundraising Represent	
Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite the properties of the properties	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 significant or signi	Affiliated Committee X Journal of the first state of the committee X Journal of the committee X Journa	STATE A Telephone Number	ZIP CODE A

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

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(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
-	d Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spons
MORAN RUBIO VIC	CTORY COMMITTEE		
Mailing Address	228 S. WASHINGTON ST.		
-	STE. 115		
	ALEXANDRIA	VA	22314-
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		oint Fundraising Represent	ative Leadership PAC Sp
Connect			ative Leadership PAC Sp
Connect Pesignated Agent: Ident Full Name	ed Organization Affiliated Committee X J		ative Leadership PAC Spo
Connect	ed Organization Affiliated Committee X J		ative Leadership PAC Spo
Connect Pesignated Agent: Ident Full Name	ed Organization Affiliated Committee X J		ative Leadership PAC Spo
Connect Pesignated Agent: Ident Full Name	ed Organization Affiliated Committee X J		
Connect Pesignated Agent: Ident Full Name	ed Organization Affiliated Committee X J ify by name, address (phone number – optional)		Leadership PAC Sports ative Leadership PAC Sports ative ZIP CODE
Pesignated Agent: Identification Full Name Mailing Address	ed Organization Affiliated Committee	_	
Connect d Agent: Ident ame g Address	ed Organization Affiliated Committee X J ify by name, address (phone number – optional)	STATE A Telephone Number	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION Anks or Other Deposit	ed Organization Affiliated Committee X J ify by name, address (phone number – optional) CITY A cories: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi	ig i artioipanti		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
		,	
Kansas First Victory	Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spons
Mailing Address	1305 W 11th St		
	213		
	Houston		77008-6501
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Affiliated Committee X J	oint Fundraising Represent	ative Leadership PAC Sp
			ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional		
esignated Agent: Identi	fy by name, address (phone number – optional		Leadership PAC Sp
esignated Agent: Identii Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional		
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