

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

TAFF FOR CONGRESS

ADDRESS (Number and street) PO BOX 14455

(Check if address is changed)

LENEXA KS 66285 4455

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
Adam@taff2004.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE 07 / 01 / 2004

3. FEC IDENTIFICATION NUMBER C C00371567

4. IS THIS STATEMENT X 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

Type or Print Name of Treasurer Kimberly S. Stewart

Signature of Treasurer Electronically Filed by Kimberly S. Stewart Date 07 / 11 / 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only				
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-894-1100

FEC FORM 1
(Revised 02/2003)

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 _____

Candidate Party Affiliation	REP	Office Sought:	<input checked="" type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President	State	KS
						District	09

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

(d) This committee is a _____ (National, State (or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

(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 party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

_____ - _____

CITY A STATE A ZIP CODE A

Relationship _____

Type of Connected Organization:

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

Write or Type Committee Name

TAFF FOR CONGRESS

- 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 **Kimberly S. Stewart**

Mailing Address **10228 Reeder St.**

Overland Park **KS** **66214 - 2612**

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Telephone number _____ - _____ - _____

- 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 of Treasurer **Kimberly S. Stewart**

Mailing Address **10228 Reeder St.**

Overland Park **KS** **66214 - 2612**

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Telephone number _____ - _____ - _____

Full Name of Designated Agent _____

Mailing Address _____

_____ - _____ - _____

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Telephone number _____ - _____ - _____

