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07/12/2024 14 : 04

PAGE 1 / 10 🗕

STATEMENT OF ORGANIZATION

				Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Kansas Republicar	Party			
ADDRESS (number and street)	PO Box 14004			
(Check if address is changed)				
	Lenexa CITY ▲		KS STATE ▲	285
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address is changed)	alantks@me.com			
	Optional Second E-Mail Add	dress		
	www.kansas.gop			
2. DATE 02 12	2 2023			
3. FEC IDENTIFICATION NU	JMBER ► C co	00004606		
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		
I certify that I have examined th	nis Statement and to the best	of my knowledge and belief it	is true, correct an	d complete.
Type or Print Name of Treasure	r Townsend, Alan, , ,			
Signature of Treasurer Town	isend, Alan, , ,		Date 07	/ D D / Y Y Y Y 12 2024
NOTE: Submission of false, errone		may subject the person signing t TION SHOULD BE REPORTED		e penalties of 52 U.S.C. §3010
Office Use Only		For further information cc Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

FEC Form 1 (Revised 03/2022)	Page 2
5. TYPE OF COMMITTEE:	
Candidate 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 t information below.)	he candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate President	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of Candidate	
Party Committee:	
(d) A This committee is a STA (National, State PEP (Democrat	tic, n, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ted organization is a:
Corporation Corporation w/o Capital Stock	Organization
Membership Organization Trade Association Coope	rative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregat committee. (i.e., nonconnected committee)	ed fund or party
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 F	PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

Joint 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.
 Committees Participating in Joint Fundraiser
 2.

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	FEC Form 1 (Revised 02/2009)	Page	3	
V	Vrite or Type Committee Name			
	Kansas Republican Party			
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC S	pon	sor
	Team Estes			

Mailing Address	PO Box 30844		
	Bethesda		20824-0844
	CITY 🔺	STATE ▲	ZIP CODE
Relationship: Connected	Organization Affiliated Organization	X Joint Fundraising Representative	Leadership PAC Sponsor

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

Reynolds,	Cheryl, , ,			
Full Name				
Mailing Address	PO Box 4157			
	Topeka		KS	66604-0157
		CITY 🔺	STATE 🔺	ZIP CODE
Title or Position ▼				
Custodian of Records			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	Townsend, Alan, , ,
Mailing Address	PO Box 4157
	Topeka KS 66604-0157
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	7
Treasurer	Telephone number 785 821 2626

FEC Form 1	(Revised 02/2009) Page 4
Full Name of Designated Agent	Brown, Mike, , ,
Mailing Address	PO Box 4157
	Topeka KS 66604-0157
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
Designated Agent	Telephone number

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.

L	Fidelity State Bank		
Mailing Address	600 S Kansas		
	Topeka	KS 66603	
	CITY 🔺	STATE ▲	ZIP CODE ▲
Name of Bank, De	epository, etc.		
L	ChainBridge Bank		
Mailing Address	1445-A Laughlin Avenue		
	McLean	VA 22101	
		STATE A	ZIP CODE

(g) or (h).	Joint Fundraising	Participant:		
1.	I.		FEC ID number	С
2	2.		FEC ID number	С
3	3.		FEC ID number	С
4	1. <u> </u>		FEC ID number	С
. Nam	ne of Any Connected O	rganization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
				· · · · · · · · · · · · · · · · · · ·
	Mailing Address			
		138 CONANT STREET, 2ND FLOOR		
				01915
	Relationship:		STATE	
	Connected	Organization Affiliated Committee X Joint	Fundraising Representa	tive Leadership PAC Sponsor
	gnated Agent: Identify I	by name, address (phone number – optional)		
F		by name, address (phone number – optional)		
F	Full Name	by name, address (phone number – optional)		
F	Full Name	by name, address (phone number - optional)		
F	Full Name			
F	Full Name		I I I I I I I I I I I I I I I I I I I	<pre></pre>
F M Bank safet Name	Full Name		lephone Number	

ō(g) or (h).	Joint Fundraising	Participant:			
1.				FEC ID number	C
2.				FEC ID number	С
3.				FEC ID number	C
4.				FEC ID number	С
6. Name	of Any Connected (Drganization, Affiliated	Committee, Joint Fund	raising Representative	e, or Leadership PAC Sponsor
Tea	am Marshall II				
	Mailing Address	PO Box 26141			
		Alexandria			22313
	Relationship:			STATE ▲	
	Connected	Organization Affili	ated Committee	t Fundraising Representa	ative Leadership PAC Sponsor
	nated Agent: Identify	by name, address (ph	one number – optional)		
Fu		by name, address (ph	one number – optional)		
Fu	ull Name	by name, address (ph	one number – optional)		
Fu	ull Name	by name, address (ph	one number – optional)		
Fu	ull Name		one number – optional)		
Fu	ull Name		□	I I I I I I I I I I I I I I I I I I I	<pre></pre>
Fu	ull Name		□		ZIP CODE ▲
Fu Ma T 	ailing Address		□ · · · · · · · · · · · · · · · · · · ·	elephone Number	
Fu Ma T 	ailing Address		□ · · · · · · · · · · · · · · · · · · ·	elephone Number	
Fu Ma T J. Banks safety Name	ailing Address		□ · · · · · · · · · · · · · · · · · · ·	elephone Number	
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5(g) or (h).	Joint Fundraising	9 Participant:			
1.				FEC ID number	С
2.				FEC ID number	С
3.				FEC ID number	С
4.				FEC ID number	C
6. Nam e	e of Any Connected	Organization, Affiliate	d Committee, Joint Fund	raising Representative	, or Leadership PAC Sponsor
	ake Back the House				
	Mailing Address	PO Box 30844			
		Bethesda			20824-0844
	Relationship:			STATE A	
	Connected	Organization Affil	iated Committee X Join	t Fundraising Representa	tive Leadership PAC Sponsor
B. Desig	gnated Agent: Identify	by name, address (pr	one number – optional)		
	gnated Agent: Identify	by name, address (ph	one number – optional)		
F		by name, address (pr	one number – optional)		
F	ull Name	by name, address (pr	one number – optional)		
F	ull Name	by name, address (pr	one number — optional)		
F	ull Name		one number – optional)		
F	ull Name				L
F	ull Name				└ · · · · · · · · · · · · · · · · · · ·
F M J D. Bank safety Name	Full Name		· · · · · · · · · · · · · · · · · · ·	elephone Number	Image: Image
F M J D. Bank safety Name	Full Name Mailing Address TITLE OR POSITION ss or Other Depositor y deposit boxes or mail e of Bank, Eagle B ssitory, etc.		· · · · · · · · · · · · · · · · · · ·	elephone Number	
F M J D. Bank safety Name	Full Name		· · · · · · · · · · · · · · · · · · ·	elephone Number	
F M J D. Bank safety Name	Full Name Mailing Address TITLE OR POSITION ss or Other Depositor y deposit boxes or mail e of Bank, Eagle B ssitory, etc.		· · · · · · · · · · · · · · · · · · ·	Telephone Number	s funds, holds accounts, rents
F M J D. Bank safety Name	Full Name Mailing Address TITLE OR POSITION ss or Other Depositor y deposit boxes or mail e of Bank, Eagle B ssitory, etc.		· · · · · · · · · · · · · · · · · · ·	elephone Number	

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5(g) oı	r(h). Joint Fundraising	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	C
-	4.		FEC ID number	C
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundrai	sing Representative	e, or Leadership PAC Sponsor
	Laturner Victory Fund			
	Mailing Address	PO Box 67237		
	C C			
		Topeka	KS	66667-0237
	Relationship:		STATE A	
	Connected	Organization Affiliated Committee X Joint F	undraising Representa	ative Leadership PAC Sponsor
- 8. I		by name, address (phone number – optional)		
- 8. I	Designated Agent: Identify	by name, address (phone number – optional)		
- 8. I		by name, address (phone number – optional)		
- 8. I	Full Name	by name, address (phone number – optional)		
- 8. I	Full Name	by name, address (phone number – optional)		
- 8. I	Full Name			
- 8. I	Full Name			
9.	Full Name		phone Number	
9. 1	Full Name Mailing Address TITLE OR POSITION		phone Number	
9. 1	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or ma Name of Bank, _ Chain E		phone Number	
9. 1	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or ma Name of Bank, Chain E Depository, etc.		phone Number	
9. 1	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or ma Name of Bank, Chain E Depository, etc.		phone Number	

) or (h).	-	Participant:		
1.			FEC ID number	
2.			FEC ID number	
3.			FEC ID number	
4.			FEC ID number	
Namo	of Any Connected (Drganization, Affiliated Committee, Joint Fundr	aising Representative or	Leadership PAC Sponsor
	D DAWN RNC JFC	-		
	Mailing Address	441 N LEE ST		
		STE 100		
				22314
	Relationship:		STATE A	ZIP CODE A
	Connected	Organization Affiliated Committee X Joint	Fundraising Representative	Leadership PAC Sponsor
Desia	nated Agent: Identify	by name, address (phone number - optional)		
-	nated Agent: Identify	by name, address (phone number – optional)		
Fu		by name, address (phone number - optional)		
Fu	ull Name	by name, address (phone number - optional)		
Fu	ull Name	by name, address (phone number - optional)		
Fu	ailing Address			
Fu	ull Name			
Fu	ull Name	by name, address (phone number - optional)		
Fu Ma T Banks safety Name	ailing Address	CITY ▲ CITY ▲ CITY ▲ CITY ▲ CITY ▲	elephone Number	
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5(g) or	(h). Joint Fundraising	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	С
_	4.		FEC ID number	C
6. N	-	Organization, Affiliated Committee, Joint Fundra	aising Representative	, or Leadership PAC Sponsor
		ΓΕΕ, INC.		
	Mailing Address	P.O. BOX 509		
				22216
	Relationship:		STATE A	ZIP CODE A
	Connected	Organization Affiliated Committee X Joint	Fundraising Representa	tive Leadership PAC Sponsor
_				
8. D	Designated Agent: Identify	by name, address (phone number - optional)		
	Designated Agent: Identify	by name, address (phone number – optional)		
		by name, address (phone number - optional)		
- 8. D	Full Name	by name, address (phone number - optional)		
- 8. D	Full Name	by name, address (phone number – optional)		
- 8. D	Full Name			
- 8. D	Full Name	CITY A	I I I I I I I I I I I I I I I I I I I	
9. E	Full Name Mailing Address TITLE OR POSITION		lephone Number	
9. E S	Full Name		lephone Number	
9. E S	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor Game of Bank, Depository, etc.		lephone Number	
9. E S	Full Name		lephone Number	
9. E S	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor Game of Bank, Depository, etc.		lephone Number	