

# 48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |                        |                                                              |                           |                                              |                                                                                                                                              |  |                                 |  |                                              |                       |                                                |  |  |                           |  |                      |             |                        |                              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------|--------------------------------------------------------------|---------------------------|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------|--|----------------------------------------------|-----------------------|------------------------------------------------|--|--|---------------------------|--|----------------------|-------------|------------------------|------------------------------|--|
| <b>1. NAME OF COMMITTEE IN FULL</b><br>Kansans for Marshall                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                        |                                                              |                           |                                              |                                                                                                                                              |  |                                 |  |                                              |                       |                                                |  |  |                           |  |                      |             |                        |                              |  |
| <b>ADDRESS</b> (number and street) PO Box 1588                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                        |                                                              |                           |                                              |                                                                                                                                              |  |                                 |  |                                              |                       |                                                |  |  |                           |  |                      |             |                        |                              |  |
| <b>CITY</b><br>Great Bend                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             | <b>STATE</b><br>KS     |                                                              | <b>ZIP CODE</b><br>67530  |                                              |                                                                                                                                              |  |                                 |  |                                              |                       |                                                |  |  |                           |  |                      |             |                        |                              |  |
| <b>2. NAME OF CANDIDATE</b><br>Marshall, Roger, W., ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                        | <b>3. OFFICE SOUGHT</b> (State and District)<br>Senate KS 00 |                           |                                              |                                                                                                                                              |  |                                 |  |                                              |                       |                                                |  |  |                           |  |                      |             |                        |                              |  |
| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00576173                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |                        |                                                              |                           |                                              |                                                                                                                                              |  |                                 |  |                                              |                       |                                                |  |  |                           |  |                      |             |                        |                              |  |
| <b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                        |                                                              |                           |                                              |                                                                                                                                              |  |                                 |  |                                              |                       |                                                |  |  |                           |  |                      |             |                        |                              |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"><b>A. FULL NAME</b><br/>ULLRICH, STACEY, , ,</td> <td colspan="2">Name of Employer<br/>HEATHEQUITY</td> <td rowspan="3">Date (month,<br/>day, year)<br/><br/>07/18/2026</td> <td rowspan="3">Amount<br/><br/>1000.00</td> </tr> <tr> <td colspan="3">MAILING ADDRESS<br/>8103 WOOD POINT PLACE<br/>NA</td> <td colspan="2">Transaction ID : TX112034</td> </tr> <tr> <td>CITY<br/>ELLCOTT CITY</td> <td>STATE<br/>MD</td> <td>ZIP CODE<br/>21043-7155</td> <td colspan="2">Occupation<br/>COMMUNICATIONS</td> </tr> </table> |             |                        |                                                              |                           | <b>A. FULL NAME</b><br>ULLRICH, STACEY, , ,  |                                                                                                                                              |  | Name of Employer<br>HEATHEQUITY |  | Date (month,<br>day, year)<br><br>07/18/2026 | Amount<br><br>1000.00 | MAILING ADDRESS<br>8103 WOOD POINT PLACE<br>NA |  |  | Transaction ID : TX112034 |  | CITY<br>ELLCOTT CITY | STATE<br>MD | ZIP CODE<br>21043-7155 | Occupation<br>COMMUNICATIONS |  |
| <b>A. FULL NAME</b><br>ULLRICH, STACEY, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                        | Name of Employer<br>HEATHEQUITY                              |                           | Date (month,<br>day, year)<br><br>07/18/2026 | Amount<br><br>1000.00                                                                                                                        |  |                                 |  |                                              |                       |                                                |  |  |                           |  |                      |             |                        |                              |  |
| MAILING ADDRESS<br>8103 WOOD POINT PLACE<br>NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                        | Transaction ID : TX112034                                    |                           |                                              |                                                                                                                                              |  |                                 |  |                                              |                       |                                                |  |  |                           |  |                      |             |                        |                              |  |
| CITY<br>ELLCOTT CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STATE<br>MD | ZIP CODE<br>21043-7155 | Occupation<br>COMMUNICATIONS                                 |                           |                                              |                                                                                                                                              |  |                                 |  |                                              |                       |                                                |  |  |                           |  |                      |             |                        |                              |  |
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| <b>B. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |                        | Name of Employer                                             |                           | Date (month,<br>day, year)                   | Amount                                                                                                                                       |  |                                 |  |                                              |                       |                                                |  |  |                           |  |                      |             |                        |                              |  |
| MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |                        |                                                              |                           |                                              |                                                                                                                                              |  |                                 |  |                                              |                       |                                                |  |  |                           |  |                      |             |                        |                              |  |
| CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STATE       | ZIP CODE               | Occupation                                                   |                           |                                              |                                                                                                                                              |  |                                 |  |                                              |                       |                                                |  |  |                           |  |                      |             |                        |                              |  |
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| <b>C. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |                        | Name of Employer                                             |                           | Date (month,<br>day, year)                   | Amount                                                                                                                                       |  |                                 |  |                                              |                       |                                                |  |  |                           |  |                      |             |                        |                              |  |
| MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |                        |                                                              |                           |                                              |                                                                                                                                              |  |                                 |  |                                              |                       |                                                |  |  |                           |  |                      |             |                        |                              |  |
| CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STATE       | ZIP CODE               | Occupation                                                   |                           |                                              |                                                                                                                                              |  |                                 |  |                                              |                       |                                                |  |  |                           |  |                      |             |                        |                              |  |
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| <b>D. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |                        | Name of Employer                                             |                           | Date (month,<br>day, year)                   | Amount                                                                                                                                       |  |                                 |  |                                              |                       |                                                |  |  |                           |  |                      |             |                        |                              |  |
| MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |                        |                                                              |                           |                                              |                                                                                                                                              |  |                                 |  |                                              |                       |                                                |  |  |                           |  |                      |             |                        |                              |  |
| CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STATE       | ZIP CODE               | Occupation                                                   |                           |                                              |                                                                                                                                              |  |                                 |  |                                              |                       |                                                |  |  |                           |  |                      |             |                        |                              |  |
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| <b>E. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |                        | Name of Employer                                             |                           | Date (month,<br>day, year)                   | Amount                                                                                                                                       |  |                                 |  |                                              |                       |                                                |  |  |                           |  |                      |             |                        |                              |  |
| MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |                        |                                                              |                           |                                              |                                                                                                                                              |  |                                 |  |                                              |                       |                                                |  |  |                           |  |                      |             |                        |                              |  |
| CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STATE       | ZIP CODE               | Occupation                                                   |                           |                                              |                                                                                                                                              |  |                                 |  |                                              |                       |                                                |  |  |                           |  |                      |             |                        |                              |  |
| <b>SIGNATURE (optional)</b><br>Marston, Chris, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                        |                                                              | <b>DATE</b><br>07/20/2026 |                                              | For further information,<br>contact the Federal Election Commission<br>at 800-424-9530 or visit <a href="http://www.fec.gov">www.fec.gov</a> |  |                                 |  |                                              |                       |                                                |  |  |                           |  |                      |             |                        |                              |  |

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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

**FEC FORM 6**  
(Revised 03/2016)