Only

PAGE 1 / 11 =

FEC FORM 1			NIZATIO			
1. NAME OF		(Check if na		mple:If typing, type	12FE4M5	Office Use Only
COMMITTEE (in	full)	is changed)	ovei	r the lines.		
Amanda Ad	dkins f	or Congress	<b>S</b>			
ADDRESS (number a	nd street)	PO Box 24085				
(Check if a is changed						
io onangoo	•)	Overland Park			KS     6	6283
		CITY A			STATE ▲	ZIP CODE ▲
COMMITTEE'S E-MA	AIL ADDRE	SS				
(Check if a is changed		compliance@he	enryalan.com			
		Optional Second E-	Mail Address			
		amandaadkins.com				
2. DATE 10		5 / Y Y Y Y Y Y Y Y 2022				
3. FEC IDENTIFIC	CATION NU	JMBER ▶	C C0071787	6		
4. IS THIS STATEM	MENT	NEW (N)	OR ×	AMENDED (A)		
I certify that I have e	examined th	nis Statement and to t	he best of my l	knowledge and belief	it is true, correct a	nd complete.
Type or Print Name	of Treasure	r Phillips, Robert, , , III	ı			
Signature of Treasure	er <i>Phillių</i> ——	os, Robert, , , III		[Electronically Filed]	Date 02	10 / 2023
NOTE: Submission of	false, errone		-	pject the person signing		ne penalties of 52 U.S.C. §30109
Office Use				For further information Federal Election Commis Toll Free 800-424-9530		FEC FORM 1 (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page 2
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. (Completinformation below.)	te the candidate
Name of Candidate Adkins, Amanda, , ,	
Candidate Party Affiliation REP Sought: House Senate President	State KS District 03
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	-
Name of Candidate	
Party Committee:	
(Mational, State (Democ	cratic, ican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	nected organization is a:
Corporation Corporation w/o Capital Stock Lab	or Organization
Membership Organization Trade Association Coc	pperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	gated 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	id 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 to 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Committees Participating in Joint Fundraiser	
1. C	

	FEC Form 1 (Revised 0	2/2009)		Page <b>3</b>
٧	Vrite or Type Committee Name			
	Amanda Adkins	s for Congress		
6.	•	ganization, Affiliated Committee, Joint Fun	draising Representative, or Lea	dership PAC Sponsor
	FRIENDS OF GOP V	VINNING WOMEN 2022		
		1228 S. WASHINGTON ST.		
	Mailing Address			
		STE. 115		
		ALEXANDRIA	VA 223	314
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X J	oint Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional	and position of the person in poss	session of committee
	Phillips, Rol	pert, , , III		
	Full Name			
	Mailing Address	555 Metro Place S		
		Ste. 525		
		Dublin	OH 430	117
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Treasurer		Telephone number 202	- 866 - 8229
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the translation described in the second second control of the translation of tra	reasurer of the committee; and th	e name and address of
	Full Name Phillips, Ro	bert, , , III		
	of Treasurer			
	Mailing Address	555 Metro Place S		
		Ste. 525		
		Dublin	OH 430	017
		CITY A	STATE ▲	ZIP CODE ▲
	Title or Position ▼		- <del>-</del>	
	Treasurer		Telephone number 202	- 866 - 8229

FEC Form 1 (Revised	d 02/2009)		Page <b>4</b>
Full Name of Designated Agent			
Mailing Address			
Title or Position <b>▼</b>	CITY ▲	STATE ▲	ZIP CODE ▲
		Telephone number	
Banks or Other Deposito safety deposit boxes or ma	pries: List all banks or other depositories in valintains funds.	which the committee deposits fun-	ds, holds accounts, rents
Name of Bank, Depository	; etc.		
Cross	First Bank		
Mailing Address	4707 W 135th St		
	Leawood	KS [	66224
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Depository	; etc.		
Chain	Bridge Bank		
Mailing Address	1445-A Laughlin Avenue		
	McLean	VA	22101
	CITY ▲	STATE ▲	ZIP CODE ▲

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

(h). <b>Joint Fundraisi</b>	ng Participant:		
1		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
lame of Any Connected	d Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
TAKE BACK THE	E HOUSE 2022		
Mailing Address	PO BOX 30844		
	BETHESDA	MD	20824
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte		nt Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identi		nt Fundraising Represent	ative Leadership PAC Spo
Pesignated Agent: Identi	ed Organization Affiliated Committee	nt Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identi	ed Organization Affiliated Committee	nt Fundraising Represent	Leadership PAC Spo
Pesignated Agent: Identi	ed Organization Affiliated Committee	nt Fundraising Represent	Leadership PAC Spo
Pesignated Agent: Identi	Affiliated Committee   Join  fy by name, address (phone number – optional)		
Pesignated Agent: Identi	Affiliated Committee   Join  fy by name, address (phone number – optional)	at Fundraising Represent	
Pesignated Agent: Identi  Full Name L  Mailing Address	Affiliated Committee		
Pesignated Agent: Identi  Full Name L  Mailing Address	Affiliated Committee	STATE A	
Pesignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	Affiliated Committee  Affiliated Committee  Typical Join Street S	STATE A	ZIP CODE A
Pesignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite afety deposit boxes or mailing and mailin	Affiliated Committee  Affiliated Committee  Typical Join Street S	STATE A	ZIP CODE A
Pesignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	Affiliated Committee  Affiliated Committee  Typical Join Street S	STATE A	ZIP CODE A
Pesignated Agent: Identic Full Name	Affiliated Committee  Affiliated Committee  Typical Join Street S	STATE A	ZIP CODE A
Pesignated Agent: Identic Full Name	Affiliated Committee  Affiliated Committee  Typical Join Street S	STATE A	ZIP CODE A
Pesignated Agent: Identic Full Name	Affiliated Committee  Affiliated Committee  Typical Join Street S	STATE A	ZIP CODE A

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

FEC Form 1S (Revised 02/2017)

g) or (h). <b>Joint Fundraisi</b> n	g Participant:			
 1.		<b>.</b>	FEC ID number	C
2.			FEC ID number	C
3.			FEC ID number	C
			FEC ID number	C
4				
Name of Any Connected	Organization, Affiliated Co	ommittee, Joint Fur	draising Representativ	e, or Leadership PAC Sponsor
IRON LADIES PA				
Mailing Address	PO BOX 341027			
	AUSTIN		TX	78734
Relationship:	C	CITY A	STATE A	ZIP CODE ▲
Connected	d Organization Affiliated	d Committee X Jo	int Fundraising Represent	ative Leadership PAC Sponsor
Designated Agent: Identify	by name, address (phone	number - optional)		
Full Name				
Mailing Address				
ag / taaeee				
				=======================================
TITLE OR POSITION	▼ CI	ΓΥ 🛦	STATE ▲	ZIP CODE ▲
			Telephone Number	
Banks or Other Deposito safety deposit boxes or ma		depositories in which	h the committee deposi	ts funds, holds accounts, rents
Name of Bank, Depository, etc.				
Mailing Address				
	CIT	ΓY <b>Δ</b>	STATE ▲	ZIP CODE ▲

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

h). <b>Joint Fundraisir</b>	ig Participant:				
1.				FEC ID number	С
2				FEC ID number	C
3.				FEC ID number	С
4.				FEC ID number	C
			Joint Fundrai	sing Representativ	ve, or Leadership PAC Spor
CRUZ 25 FOR 22	VICTORY F	·UND 			
	PO Box 34102	7			
Mailing Address					
	Austin			TX	78734
Relationship:		CITY A		STATE ▲	ZIP CODE ▲
		_			
	d Organization	Affiliated Committee		undraising Represent	tative Leadership PAC S
esignated Agent: Identif				undraising Represent	tative Leadership PAC S
esignated Agent: Identif				undraising Represent	tative Leadership PAC S
esignated Agent: Identif				undraising Represent	
esignated Agent: Identif	y by name, addres	ss (phone number –	optional)		
esignated Agent: Identif	y by name, addres	ss (phone number –	optional)		
esignated Agent: Identif  Full Name    Mailing Address	y by name, addres	ss (phone number –	optional)		
esignated Agent: Identif  Full Name    Mailing Address	y by name, addres	ss (phone number –	optional)	STATE A	
Full Name Mailing Address  TITLE OR POSITION	y by name, addres	ss (phone number –	optional)	STATE A	
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor fety deposit boxes or mail	y by name, addres	ss (phone number –	optional)	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite aftery deposit boxes or ma	y by name, addres	ss (phone number –	optional)	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION	y by name, addres	ss (phone number –	optional)	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor detay deposit boxes or maintenance of Bank, epository, etc.	y by name, addres	ss (phone number –	optional)	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite fety deposit boxes or mane of Bank, epository, etc.	y by name, addres	ss (phone number –	optional)	STATE A	ZIP CODE A

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

Page \_\_\_\_ **of** \_\_\_\_\_11\_\_\_

h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	d Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spon
ADKINS-LATURI	NER VICTORY FUND		
Mailing Address	1305 W 11TH ST		
	#213 		
	HOUSTON	TX	77008
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		nt Fundraising Represent	ative Leadership PAC Sp
Connecte		nt Fundraising Represent	ative Leadership PAC Sp
Connecte	ed Organization Affiliated Committee	nt Fundraising Represent	ative Leadership PAC Sp
Connecte esignated Agent: Identi	ed Organization Affiliated Committee	nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee	nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	Affiliated Committee X Join fy by name, address (phone number – optional)	nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	Affiliated Committee X Join fy by name, address (phone number – optional)	nt Fundraising Represent	
esignated Agent: Identi	Affiliated Committee		
esignated Agent: Identification  Full Name  Mailing Address	Affiliated Committee	STATE A	
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite	Affiliated Committee  y Join fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or maneral contents.	Affiliated Committee  y Join fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank,	Affiliated Committee  y Join fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	Affiliated Committee  y Join fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	Affiliated Committee  y Join fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	Affiliated Committee  y Join fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

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

FEC Form 1S (Revised 02/2017)

5(g) (	or(h). <b>Joint Fundraisin</b>	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fund N WINGMAN FUND	raising Representativ	e, or Leadership PAC Sponsor
	Mailing Address	P.O. BOX 2811		
		LAKELAND		33806
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee	t Fundraising Represent	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
		т	elephone Number	
9.	safety deposit boxes or ma	ries: List all banks or other depositories in which intains funds.	the committee deposit	ts funds, holds accounts, rents
	Depository, etc.			
				l l
	Mailing Address			
	Mailing Address			
	Mailing Address			

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

FEC Form 1S (Revised 02/2017) for Line

TITLE OR POSITION	pries: List all bank	CITY A	STATE A  Telephone Number  ich the committee depos	ZIP CODE   ZIP CODE   sits funds, holds accounts, rents
Banks or Other Deposite safety deposit boxes or mane of Bank, Depository, etc.	pries: List all bank		STATE ▲ Telephone Number	ZIP CODE A
Banks or Other Deposite safety deposit boxes or mane of Bank, Depository, etc.	pries: List all bank		STATE ▲ Telephone Number	ZIP CODE A
TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or m  Name of Bank,	pries: List all bank		STATE ▲ Telephone Number	ZIP CODE A
TITLE OR POSITION	pries: List all bank		STATE ▲ Telephone Number	ZIP CODE A
TITLE OR POSITION			STATE ▲ Telephone Number	ZIP CODE A
		CITY A	STATE ▲	
		CITY A		
Maining Address			1 1	
Maining / Nacroso	ı			
Mailing Address				
Full Name				
	y by name, addres	ss (phone number – optional	)	
Connecte	ed Organization	Affiliated Committee	oint Fundraising Represe	ntative Leadership PAC Spo
Relationship:		CITY A	STATE A	▲ ZIP CODE ▲
	OVERLAND P.	ARK	KS	66283
Mailing Address				
	PO BOX 24085	5		
Name of Any Connected	_		ndraising Representati	ive, or Leadership PAC Sponso
4.			FEC ID number	C
4.			FEC ID number	
3.			J	
			FEC ID number	

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

(h). Joint Fundraisi	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 Connected	l Organization, Affiliated Committee, Joint Fundi	raising Representative	e, or Leadership PAC Spons
WINNING FOR V	VOMEN, INC. PAC		
Mailing Address	700 12TH STREET, NW		
	SUITE 700		
	WASHINGTON	DC	20005
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee	t Fundraising Representa	ative Leadership PAC Spo
Designated Agent: Identi	Affiliated Committee	t Fundraising Represent	ative Leadership PAC Spo
Pesignated Agent: Identif		t Fundraising Representa	Leadership PAC Spo
Designated Agent: Identi		t Fundraising Representa	Leadership PAC Spo
Pesignated Agent: Identif		t Fundraising Representa	Leadership PAC Spo
Pesignated Agent: Identif		t Fundraising Representa	Leadership PAC Spo
Pesignated Agent: Identif	fy by name, address (phone number – optional)	t Fundraising Representation	
Pesignated Agent: Identing Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY		
Pesignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Pesignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite afety deposit boxes or make the proposition of Bank, Depository, etc	fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Pesignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite afety deposit boxes or make the proposition of Bank, Depository, etc	fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A