FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Kali for Kansas 410 N 6th St. ADDRESS (number and street) #957 (Check if address is changed) Garden City 67846 KS CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS hello@kaliforkansas.com (Check if address is changed) Optional Second E-Mail Address Idecot@mbacg.com COMMITTEE'S WEB PAGE ADDRESS (URL) https://kaliforkansas.com/ (Check if address is changed) DATE 09 2020 C00714535 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT 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. Rangel-Lopez, Alejandro, , , Type or Print Name of Treasurer Rangel-Lopez, Alejandro, , , [Electronically Filed] 09 09 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. 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

		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • 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. (Cominformation below.)	plete the candidate
Nam Cand	e of didate	Barnett, Kali, , ,	
	didate / Affiliati	on DEM Office Sought: X House Senate President	State KS District 01
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cano	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	egregated 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.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Na		- age c
Kali for Kansa		
	d Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadershin PAC Sponsor
-		Leader Ship 1 710 Sportson
Kali Barnett Victory F	-una 2020 	
Mailing Address	611 Pennsylvania Ave SE	
Ü	Ste 143	
	Washington	20003
	CITY STATE	ZIP CODE
		_
Relationship: Connec	cted Organization Affiliated Committee X Joint Fundraising Representative	e Leadership PAC Sponso
books and records. Mele, S Full Name Mailing Address	Ste 143 Washington DC	20003
Title or Position	CITY STATE	ZIP CODE
Assistant Treasurer	Telephone number	
3. Treasurer : List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; ar ., assistant treasurer).	nd the name and address of
Full Name Rangel- of Treasurer	Lopez, Alejandro, , ,	
Mailing Address	410 N 6th St.	
	#957 	
	Garden City KS	67846
Title or Decision	CITY STATE	ZIP CODE
Title or Position Treasurer	Telephone number	

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Full Name of Designated Agent	Mele, Steven, , ,	
Mailing Address	611 Pennsylvania Ave SE	
	Ste 143	
	Washington DC 20003 CITY STATE	ZIP CODE
Title or Position Assistant Treast		
	oxes or maintains funds.	
Name of Bank, I	Amalgamated Bank	
	Amalgamated Bank	
	Amalgamated Bank	
	Amalgamated Bank 1825 K Street NW Washington DC 20006	ZIP CODE
	Amalgamated Bank 1825 K Street NW Washington CITY STATE	ZIP CODE
Mailing Address	Amalgamated Bank 1825 K Street NW Washington CITY STATE	ZIP CODE
Mailing Address Name of Bank, [Amalgamated Bank 1825 K Street NW Washington CITY STATE	ZIP CODE
Mailing Address	Amalgamated Bank 1825 K Street NW Washington CITY STATE	ZIP CODE
Mailing Address Name of Bank, [Amalgamated Bank 1825 K Street NW Washington CITY STATE	ZIP CODE
Mailing Address Name of Bank, [Amalgamated Bank 1825 K Street NW Washington CITY STATE Depository, etc.	ZIP CODE