Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) KANSAS BANKERS ASSOCIATION BANKPAC PO BOX 4407 ADDRESS (number and street) (Check if address is changed) **TOPEKA** 66604 KS CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS JTAYLOR@KSBANKERS.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2022 C00086611 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. Taylor, Julie, , , Type or Print Name of Treasurer Taylor, Julie, , , [Electronically Filed] 09 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

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. TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Com	plete the candidate information below.)
(b) This committee is an authorized committee, and is NOT information below.)	a principal campaign committee. (Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House	Senate President District
(c) This committee supports/opposes only one candidate, ar	d is NOT an authorized committee.
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) col	(Democratic, Republican, etc.) Party
Political Action Committee (PAC):	
(e) X This committee is a separate segregated fund. (Identify of	connected organization on line 6.) Its connected organization is a
Corporation	on w/o Capital Stock Labor Organization
Membership Organization Trade As	sociation Cooperative
In addition, this committee is a Lobbyist/Regist	rant PAC.
(f) This committee supports/opposes more than one Federa committee. (i.e., nonconnected committee)	I candidate, and is NOT a separate segregated fund or party
In addition, this committee is a Lobbyist/Regist	rant PAC.
In addition, this committee is a Leadership PAG	C. (Identify sponsor on line 6.)
(g) This committee is an independent expenditure-only politic	cal committee (Super PAC).
In addition, this committee is a Lobbyist/Regist	rant PAC.
(h) This committee is a political committee with both contribu	ution and non-contribution accounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Regist	rant PAC.
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising excommittees/organizations, at least one of which is an au	xpenses and disburses net proceeds for two or more political thorized committee of a federal candidate.
(j) This committee collects contributions, pays fundraising excommittees/organizations, none of which is an authorized	xpenses and disburses net proceeds for two or more political committee of a federal candidate.
Committees Participating in Joint Fundraiser	
1. [C

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V	Vrite or Type Committee Name	KERS ASSOCIATION E	RANKPAC		
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fu	ındraising Represen	itative, or Leaders	ship PAC Sponsor
	Mailing Address	1120 CONNECTICUT AVENUE NW			
		SUITE 600			
		WASHINGTON	, , , , , , , , , , , , , , , , , , ,	OC 20036-3	3971
		CITY ▲	STA	TE A	ZIP CODE ▲
	Relationship: Connected	Organization	Joint Fundraising Rep	presentative	Leadership PAC Sponso
7.	Custodian of Records: Ident books and records.	ify by name, address (phone number option	al) and position of the	person in possess	ion of committee
	Taylor, Juli	e, , ,			
	Full Name				
	Mailing Address	PO Box 4407			
		Topeka	<u> </u>	66615	
		CITY ▲	STA	TE ▲	ZIP CODE ▲
	Title or Position ▼				
	Treasurer		Telephone number	785 – _	232
8.	Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of the assistant treasurer).	treasurer of the com	nmittee; and the na	ame and address of
	Full Name Taylor, Juli	e,,,			
	of Treasurer	PO P 4407			
	Mailing Address	PO Box 4407			
		Topeka	<u> </u>	KS 66615	
		CITY ▲	STA	TE ▲	ZIP CODE ▲
	Title or Position ▼				

Telephone number

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Full Name of Designated Agent	VanZwoll, Kelly, , ,		
Mailing Address	PO Box 4407		
	Topeka	KS KS	66604
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
Assistant Treasur	er ı	elephone number 785	
Banks or Other safety deposit box	Depositories: List all banks or other depositories in which ees or maintains funds.	the committee deposits funds	s, holds accounts, rents
Name of Bank, D	epository, etc.		
	CoreFirst Bank & Trust		
Mailing Address	3035 S Topeka Ave		
	PO Box 5049		
	Topeka	KS 6	66611
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲

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

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	g Participant:			
1.			FEC ID numbe	r C
2			FEC ID numbe	r C
3.			FEC ID numbe	r C
4.			FEC ID numbe	r C
		mmittee, Joint Fund	draising Representat	ive, or Leadership PAC Spor
Kansas Bankers /	Association			
				1 1 1 1 1 1 1 1 1
	ı PO Box 4407			
Mailing Address				
	Topeka		KS KS	66604
Relationship:	CI	TY A	STATE	▲ ZIP CODE ▲
Y Connocto	Organization Affiliated	Committee	at Fundraising Danras	untativa Landarahin DAC C
			nt Fundraising Represe	entative Leadership PAC S
	by name, address (phone		nt Fundraising Represe	entative Leadership PAC S
esignated Agent: Identify	_		nt Fundraising Represe	Leadership PAC S
esignated Agent: Identify	_		nt Fundraising Represe	Leadership PAC S
esignated Agent: Identify	_	number – optional)		Leadership PAC S
esignated Agent: Identify	by name, address (phone	number – optional)		
esignated Agent: Identify Full Name	by name, address (phone	number – optional)		
Full Name Mailing Address TITLE OR POSITION	by name, address (phone) CITY ries: List all banks or other	number – optional)	STATE A	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito fety deposit boxes or ma	by name, address (phone) CITY ries: List all banks or other	number – optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito fety deposit boxes or ma	by name, address (phone) CITY ries: List all banks or other	number – optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito aftety deposit boxes or material depository, etc.	by name, address (phone) CITY ries: List all banks or other	number – optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or material depository, etc and	by name, address (phone) CITY ries: List all banks or other	number – optional)	STATE A	ZIP CODE A