

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

MANN FOR CONGRESS

ADDRESS (number and street)

PO BOX 1084



Check if different than previously reported. (ACC)

SALINA

KS

67402-1084

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00460659

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE ▼ DISTRICT

KS

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

10

D D / Y Y Y Y

01

Y Y Y Y

2021

through

M M / D D / Y Y Y Y

12

D D / Y Y Y Y

31

Y Y Y Y

2021

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

KNOPF, JUSTIN, J.,

Type or Print Name of Treasurer

Signature of Treasurer

KNOPF, JUSTIN, J.,

[Electronically Filed]

Date

M M / D D / Y Y Y Y

01

D D / Y Y Y Y

31

Y Y Y Y

2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 2 / 157

Write or Type Committee Name
MANN FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	2	1

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	2	1

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	145720.30	569214.11
(b) Total Contribution Refunds (from Line 20(d))	0.00	1200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	145720.30	568014.11
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	28561.79	235631.93
(b) Total Offsets to Operating Expenditures (from Line 14).....	3465.84	3498.09
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	25095.95	232133.84
8. Cash on Hand at Close of Reporting Period (from Line 27).....	725767.12	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	197611.89	

For further information contact:

Federal Election Commission
 999 E Street, NW
 Washington, DC 20463

Toll Free 800-424-9530
 Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

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FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

MANN FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	2	1

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	2	1

I. RECEIPTS**COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

79100.00

341525.00

(ii) Unitemized.....

2620.29

11189.10

(iii) TOTAL of contributions from individuals ▶

81720.29

352714.10

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

64000.01

216500.01

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

145720.30

569214.11

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

22560.00

53884.88

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

3465.84

3498.09

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

171746.14

626597.08

DETAILED SUMMARY PAGE

FEC Form 3 (Revised 05/2016)

of Disbursements

PAGE 4 / 157

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	28561.79	235631.93
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	125000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	125000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	1000.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	200.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	1200.00
21. OTHER DISBURSEMENTS	0.00	10000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	28561.79	371831.93

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	582582.77
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	171746.14
25. SUBTOTAL (add Line 23 and Line 24).....	754328.91
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	28561.79
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	725767.12

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

Any information copied from such Reports and Statements 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.

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SIMS, JOE, C., ,

Mailing Address PO BOX 330

City OSBORNE	State KS	Zip Code 67473-0330
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED	Occupation FARMING
-----------------------------------	-----------------------

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 26 2021

Transaction ID : A716896648FB549CE949

Amount of Each Receipt this Period

500.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
MCGANNON, PATRICK, , ,

Mailing Address 6626 WENONGA TERRACE

City MISSION HILLS	State KS	Zip Code 66208-1734
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer KESSINGER HUNTER	Occupation REAL ESTATE BROKER
--------------------------------------	----------------------------------

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 17 2021

Transaction ID : A1DBB2FB14EB6424AB9D

Amount of Each Receipt this Period

250.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
O'DELL, GARY, , ,

Mailing Address 2208 WINDING WOODS DR

City LIBERTY	State MO	Zip Code 64068-9486
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer GREEN SPIRE REAL ESTATE	Occupation REAL ESTATE BROKER
---	----------------------------------

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 17 2021

Transaction ID : AFDB1289025164A61B82

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MAXWELL, KORB, , ,
Mailing Address 5527 E MISSION DR

City State Zip Code
MISSION HILLS KS 66208-1141

FEC ID number of contributing
federal political committee.

C

Name of Employer
POL SINELLI

Occupation
ATTORNEY

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 17 2021

Transaction ID : A8A969D40D9C94F49A59

Amount of Each Receipt this Period

1000.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
CONNEALY, CHARLES, , ,
Mailing Address 2015 W. 81ST TERR.

City State Zip Code
LEAWOOD KS 66206-1204

FEC ID number of contributing
federal political committee.

C

Name of Employer
WATERFORD PROPERTY CO.

Occupation
REAL ESTATE BROKERAGE

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 17 2021

Transaction ID : ADD79A334E17B426EB20

Amount of Each Receipt this Period

500.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
DRIVER, KENTON, , ,
Mailing Address 1601 E IRON AVE

City State Zip Code
SALINA KS 67401-3237

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
OPTOMETRIST

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 02 2021

Transaction ID : A278537EA783747CAB73

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CAISLEY, CHUCK, , ,

Mailing Address 2708 W 118TH ST

City LEAWOOD	State KS	Zip Code 66211-3036
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer EVERGY	Occupation EXECUTIVE
----------------------------	-------------------------

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 17 2021

Transaction ID : A3B0F7C20CA47477E854

Amount of Each Receipt this Period

1000.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
NAIRN, MARJORIE, , ,

Mailing Address P.O. BOX 486

City JOHNSON	State KS	Zip Code 67855-0486
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 31 2021

Transaction ID : A38AE331C79144EE493F

Amount of Each Receipt this Period

500.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
FOGEL, JERRY, PAUL, ,

Mailing Address 2600 GRAND BLVD
SUITE 700

City KANSAS CITY	State MO	Zip Code 64108-4623
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer KESSINGER HUNTER	Occupation PRINCIPAL/INDUSTRIAL BROKERAGE
--------------------------------------	--

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 17 2021

Transaction ID : A1C14B58429FB46CAB4C

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KRATOFIL, GREGORY, M, , JR.
Mailing Address 1238 HUNTINGTON RD

City State Zip Code
KANSAS CITY MO 64113-1348

FEC ID number of contributing
federal political committee.

C

Name of Employer
POL SINELLI

Occupation
ATTORNEY

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 17 2021

Transaction ID : AF247A2D7477747CEBA8

Amount of Each Receipt this Period

1000.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
CROSSLAND, BETTY LOU, , ,
Mailing Address 19 NE 60TH ST

City State Zip Code
COLUMBUS KS 66725-2150

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 10 2021

Transaction ID : A1F832F7FD1C048C5BD9

Amount of Each Receipt this Period

2900.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
CLARK, STEPHEN, , , SR.
Mailing Address 1625 GATEWOOD

City State Zip Code
WICHITA KS 67206-3306

FEC ID number of contributing
federal political committee.

C

Name of Employer
CLARK INVESTMENT GROUP

Occupation
INVESTOR

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 02 2021

Transaction ID : ADDAD26CDD074479982B

Amount of Each Receipt this Period

2900.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

6800.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HALL, DOUGLAS, H., ,
Mailing Address 11361 GRANADA COURT

City LEAWOOD	State KS	Zip Code 66211-1337
-----------------	-------------	------------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer
MUSELMAN & HALL CONTRACTORS, LLCOccupation
CONSTRUCTION

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 17 / 2021

Transaction ID : A57A3A10294024DFA818

Amount of Each Receipt this Period

1000.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
AGNELLO, JOSEPH, M., ,
Mailing Address 6708 CHEROKEE LN

City MISSION HILLS	State KS	Zip Code 66208-2158
-----------------------	-------------	------------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer
LOCKTONOccupation
INSURANCE

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 17 / 2021

Transaction ID : ABCE896DD831246A4B56

Amount of Each Receipt this Period

1000.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
POWELL, NICHOLAS, K., ,
Mailing Address 6549 WENONGA RD

City MISSION HILLS	State KS	Zip Code 66208-1764
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FEC ID number of contributing
federal political committee.

C

Name of Employer
COLT ENERGY, INC.Occupation
PRESIDENT

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 17 / 2021

Transaction ID : A09367CAA87054B1DA39

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶

3000.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FRANCIS, JOHN, L., ,

Mailing Address 2413 DOVE TERRACE

City GREAT BEND	State KS	Zip Code 67530-6812
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer FRANCIS FINANCIAL SERVICES	Occupation FINANCIAL PROFESSIONAL
--	--------------------------------------

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 18 2021

Transaction ID : A30680CDA21A84C60B50

Amount of Each Receipt this Period

500.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
MICHAELIS, MIKE, D., ,

Mailing Address 1531 FOLIAGE CT.

City WICHITA	State KS	Zip Code 67206-3330
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer EMPRISE BANK	Occupation PRESIDENT AND CEO
----------------------------------	---------------------------------

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 31 2021

Transaction ID : AA7AE54DE289D438F9E5

Amount of Each Receipt this Period

1000.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
SELL, MARK, E., ,

Mailing Address 10612 SE BAGDAD RD

City GALENA	State KS	Zip Code 66739-6230
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FEC ID number of contributing federal political committee. **C**

Name of Employer CROSSLAND HEAVY CONTRACTORS INC.	Occupation PRESIDENT
--	-------------------------

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 10 2021

Transaction ID : A0B9518E66FB44A60936

Amount of Each Receipt this Period

2900.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

4400.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ZAID, GENE, H.,

Mailing Address 3904 ASPEN CT

City HUTCHINSON	State KS	Zip Code 67502-9459
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer GENZADA	Occupation CEO
-----------------------------	-------------------

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 03 / 2021

Transaction ID : A32C8726A67B3497FB55

Amount of Each Receipt this Period

2000.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
FLORY, DONNA, S.,

Mailing Address 5426 SHOEMAKE AVE

City MODESTO	State CA	Zip Code 95358-8462
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer HOMEMAKER	Occupation HOMEMAKER
-------------------------------	-------------------------

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2021

Transaction ID : A5F9456CE8D4744898E4

Amount of Each Receipt this Period

1000.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
BAUER, KYLE, ,

Mailing Address 2211 STARDUST DR

City CLAY CENTER	State KS	Zip Code 67432-1566
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer TAYLOR COMMUNICATIONS INC.	Occupation MANAGER
--	-----------------------

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 03 / 2021

Transaction ID : A821777931E5B428CBBF

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WEIGAND, JOHNATHAN, , ,
Mailing Address 150 N MARKET STREET

City State Zip Code
WICHITA KS 67202-1900

FEC ID number of contributing
federal political committee.

C

Name of Employer
J.P. WEIGAND & SONS INC.

Occupation
DIRECTOR OF STRATEGIC INITIATIVES

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 31 2021

Transaction ID : A6FB5D228B2CB486CB10

Amount of Each Receipt this Period

500.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
KILROY, WILLIAM, TERRENCE, ,
Mailing Address 817 W 61ST TER

City State Zip Code
KANSAS CITY MO 64113-1331

FEC ID number of contributing
federal political committee.

C

Name of Employer
POLSINELLI

Occupation
ATTORNEY

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 17 2021

Transaction ID : AE9C60F1769FF434BA2D

Amount of Each Receipt this Period

500.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
KNIEBEL, MARY, ANN, ,
Mailing Address 428 S 2600 RD

City State Zip Code
WHITE CITY KS 66872-9349

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
FARMER

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 06 2021

Transaction ID : A0FE797C786524982BC0

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MCARTHUR, WEST, , ,

Mailing Address PO BOX 465

City SALINA	State KS	Zip Code 67402-0465
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer LONG MCARTHUR FORD LINCOLN	Occupation AUTO DEALER
--	---------------------------

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 31 2021

Transaction ID : A493BDB9D1A5B4A41A1F

Amount of Each Receipt this Period

100.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
WEBB, RICHARD, B., ,

Mailing Address 315 W 3RD ST

City PITTSBURG	State KS	Zip Code 66762-4706
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer WATCO COMPANIES L.L.C.	Occupation EXECUTIVE CHAIRMAN
--	----------------------------------

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 23 2021

Transaction ID : A829BD473EB9748C897A

Amount of Each Receipt this Period

1500.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
PHILLIPS, DARRELL, C., ,

Mailing Address 23015 283 HWY

City WAKEENEY	State KS	Zip Code 67672-2735
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 31 2021

Transaction ID : AD752E52E6D8B4076951

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1850.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BARLOON, WILLIAM, J., ,

Mailing Address 6048 EDGEWOOD TERRACE

City ALEXANDRIA	State VA	Zip Code 22307-1123
--------------------	-------------	------------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer
SPRINT NEXTEL CORPORATIONOccupation
GOVERNMENT AFFAIRS

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 21 / 2021

Transaction ID : A007482536F614C9490A

Amount of Each Receipt this Period

500.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
DUNN, STEPHEN, , ,

Mailing Address 5401 PAWNEE LN

City FAIRWAY	State KS	Zip Code 66205-2738
-----------------	-------------	------------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 17 / 2021

Transaction ID : A6A089AE098FC43B1B92

Amount of Each Receipt this Period

500.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
CROSSLAND, IVAN, , ,

Mailing Address 19 NE 60TH ST

City COLUMBUS	State KS	Zip Code 66725-2150
------------------	-------------	------------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer
CROSSLAND CONSTRUCTION COMPANYOccupation
CEO

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 10 / 2021

Transaction ID : A02054A3238BE4CDE9AE

Amount of Each Receipt this Period

2900.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶

3900.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HAYNES, JANIS, , ,
Mailing Address 2500 ST ANDREWS LN

City State Zip Code
SALINA KS 67401-7135

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 31 2021

Transaction ID : AFEC30EDD68354E46BA9

Amount of Each Receipt this Period

1000.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
GOLDSTEIN, JOANN, , ,
Mailing Address 222 PINE DR

City State Zip Code
MANHATTAN KS 66502-3946

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 10 2021

Transaction ID : ADEE5C5F412A94980865

Amount of Each Receipt this Period

250.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
HERMRECK, DALE, , ,
Mailing Address 1531 S APPLE LN

City State Zip Code
OTTAWA KS 66067-3710

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
SELF-EMPLOYED REALTOR

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 14 2021

Transaction ID : AB813ED7A2D9D42F5989

Amount of Each Receipt this Period

550.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WIN RED

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1800.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

Full Name (Last, First, Middle Initial)
WIN RED

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219-1891

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

90942.09

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 14 2021

Transaction ID : ABE49CF505863412CBF2

Amount of Each Receipt this Period

550.00

☒ Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.

Full Name (Last, First, Middle Initial)
DUNN, TERRENCE, P., ,

Mailing Address 11400 CAMBRIDGE RD

City
LEAWOOD

State
KS

Zip Code
66211-2022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

SELF-EMPLOYED

INVESTOR

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 17 2021

Transaction ID : AFBC87D16BCE744E2AA5

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)
DUNN, TERRENCE, P., ,

Mailing Address 11400 CAMBRIDGE RD

City
LEAWOOD

State
KS

Zip Code
66211-2022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

SELF-EMPLOYED

INVESTOR

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 17 2021

Transaction ID : ADC97014CCF88401C92B

Amount of Each Receipt this Period

- 1000.00

☒ Memo Item
REATTRIBUTION FROM

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1000.00

SCHEDULE A (FEC Form 3)
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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DUNN, PEGGY, , ,

Mailing Address 11400 CAMBRIDGE RD

City LEAWOOD	State KS	Zip Code 66211-2022
-----------------	-------------	------------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKEROccupation
HOMEMAKER

Receipt For: 2022

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 17 / 2021

Transaction ID : A09FC6C1F19584E52B57

Amount of Each Receipt this Period

1000.00

☒ Memo Item

REATTRIBUTION TO

B. Full Name (Last, First, Middle Initial)
PARK, PHIL, , ,

Mailing Address 1601 MADDUX LN

City MCLEAN	State VA	Zip Code 22101-3230
----------------	-------------	------------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer
ALTRIA CLIENT SERVICESOccupation
EXECUTIVE

Receipt For: 2022

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 02 / 2021

Transaction ID : AF1FB0A70294C428E95A

Amount of Each Receipt this Period

500.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WIN RED

C. Full Name (Last, First, Middle Initial)
WIN RED

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
-------------------	-------------	------------------------

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2022

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

90942.09

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 01 / 2021

Transaction ID : ABEE8A07F9B934DDEAD4

Amount of Each Receipt this Period

500.00

☒ Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HEIN, RONALD, , ,
Mailing Address 6729 SW SHERWOOD CT

City State Zip Code
TOPEKA KS 66614-4647

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
HEIN GOVERNMENTAL CONSULTING, LLC GOVERNMENT AFFAIRS CONSULTANT

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 13 2021

Transaction ID : AA74810B294144553A50

Amount of Each Receipt this Period

500.00

☐ Memo Item
EARMARKED (NON-DIRECTED) THROUGH WIN RED

B. Full Name (Last, First, Middle Initial)
WIN RED
Mailing Address PO BOX 9891

City State Zip Code
ARLINGTON VA 22219-1891

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer Occupation

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
90942.09

Date of Receipt

M M / D D / Y Y Y Y Y
11 13 2021

Transaction ID : A466B73E3C0304C448B5

Amount of Each Receipt this Period

500.00

☒ Memo Item
INTERMEDIARY
TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.

C. Full Name (Last, First, Middle Initial)
EISENHOWER, MARY, J., ,
Mailing Address 304 N VINE ST

City State Zip Code
ABILENE KS 67410-2740

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
PEOPLE TO PEOPLE INTERNATIONAL CEO

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 29 2021

Transaction ID : AC604F801E8B044569DB

Amount of Each Receipt this Period

1000.00

☐ Memo Item
EARMARKED (NON-DIRECTED) THROUGH WIN RED

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WIN RED

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer	Occupation

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
90942.09

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 29 / 2021

Transaction ID : AA4C9CDE04F0D4AED90B

Amount of Each Receipt this Period

1000.00

☒ Memo Item
INTERMEDIARY
TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.

B. Full Name (Last, First, Middle Initial)
HURD, MATTHEW, D., ,

Mailing Address PO BOX 856

City WELLSVILLE	State KS	Zip Code 66092-0856
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INSCO	Occupation PRESIDENT
---------------------------	-------------------------

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
5800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 17 / 2021

Transaction ID : A1F46A73339454D28AD9

Amount of Each Receipt this Period

5800.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
HURD, MATTHEW, D., ,

Mailing Address PO BOX 856

City WELLSVILLE	State KS	Zip Code 66092-0856
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INSCO	Occupation PRESIDENT
---------------------------	-------------------------

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
5800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 17 / 2021

Transaction ID : A91E4873F0672412EB4E

Amount of Each Receipt this Period

- 2900.00

☒ Memo Item
REDESIGNATION FROM
SUBTOTAL of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

5800.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
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Any information copied from such Reports and Statements 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.

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HURD, MATTHEW, D., ,

Mailing Address PO BOX 856

City WELLSVILLE	State KS	Zip Code 66092-0856
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INSCO	Occupation PRESIDENT
---------------------------	-------------------------

Receipt For: 2022
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
5800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 17 / 2021

Transaction ID : AE2A0D904F295404D90C

Amount of Each Receipt this Period

2900.00

☒ Memo Item
REDESIGNATION TO

B. Full Name (Last, First, Middle Initial)
DRUTEN, BOB, , ,

Mailing Address 6503 SENECA RD

City MISSION HILLS	State KS	Zip Code 66208-1719
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 14 / 2021

Transaction ID : A48A6CEFC621C48C0B0F

Amount of Each Receipt this Period

1000.00

☐ Memo Item
EARMARKED (NON-DIRECTED) THROUGH WIN RED

C. Full Name (Last, First, Middle Initial)
WIN RED

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer	Occupation
------------------	------------

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
90942.09

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 14 / 2021

Transaction ID : A359D97C3816F4BA9BCB

Amount of Each Receipt this Period

1000.00

☒ Memo Item
INTERMEDIARY
TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

1000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
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Any information copied from such Reports and Statements 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.

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MUSSATTO, CASEY, , ,

Mailing Address 23030 N 4TH ST

City OSAGE CITY	State KS	Zip Code 66523-9238
--------------------	-------------	------------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer
FLINT HILLS BEVERAGEOccupation
MANAGER/OWNER

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

M M	D D	Y Y Y Y
12	31	2021

Transaction ID : AECE67EC5C0E540C690E

Amount of Each Receipt this Period

250.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WIN RED

B. Full Name (Last, First, Middle Initial)
WIN RED

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
-------------------	-------------	------------------------

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

90942.09

Date of Receipt

M M	D D	Y Y Y Y
12	31	2021

Transaction ID : AAB7F6B9BA8C74DFDA34

Amount of Each Receipt this Period

250.00

☒ Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.

C. Full Name (Last, First, Middle Initial)
SANDLIAN, COLBY, , ,

Mailing Address 435 N BROADWAY, STE 201

City WICHITA	State KS	Zip Code 67202-2313
-----------------	-------------	------------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer
SANDLIAN REALTYOccupation
REAL ESTATE INVESTOR

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5800.00

Date of Receipt

M M	D D	Y Y Y Y
11	02	2021

Transaction ID : A6C02503348804BB1820

Amount of Each Receipt this Period

5800.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶

6050.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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12 13a 13b 14 15

Any information copied from such Reports and Statements 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.

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SANDLIAN, COLBY, , ,

Mailing Address 435 N BROADWAY, STE 201

City WICHITA	State KS	Zip Code 67202-2313
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SANDLIAN REALTY	Occupation REAL ESTATE INVESTOR
-------------------------------------	------------------------------------

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
5800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 02 / 2021

Transaction ID : A387B1BC4C90448FD824

Amount of Each Receipt this Period

– 2900.00

☒ Memo Item
REDESIGNATION FROM

B. Full Name (Last, First, Middle Initial)
SANDLIAN, COLBY, , ,

Mailing Address 435 N BROADWAY, STE 201

City WICHITA	State KS	Zip Code 67202-2313
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SANDLIAN REALTY	Occupation REAL ESTATE INVESTOR
-------------------------------------	------------------------------------

Receipt For: 2022
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
5800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 02 / 2021

Transaction ID : AF68B34EE656B43A6B58

Amount of Each Receipt this Period

2900.00

☒ Memo Item
REDESIGNATION TO

C. Full Name (Last, First, Middle Initial)
JONES, KEVIN, , ,

Mailing Address 6645 WENONGA TERRACE

City PRAIRIE VILLAGE	State KS	Zip Code 66208
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer JONES DEVELOPMENT CO	Occupation REAL ESTATE DEVELOPMENT
--	---------------------------------------

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2021

Transaction ID : AFFCB4E1A57934A2BA77

Amount of Each Receipt this Period

2900.00

☐ Memo Item
EARMARKED (NON-DIRECTED) THROUGH WIN RED

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2900.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 11a	☐ 11b	☐ 11c	☐ 11d
12	13a	13b	14
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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WIN RED

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
90942.09

Date of Receipt

M M	D D	Y Y Y Y
12	09	2021

Transaction ID : A8FB934B48F43473E95F

Amount of Each Receipt this Period

2900.00

☒ Memo Item
INTERMEDIARY
TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.

B. Full Name (Last, First, Middle Initial)
DOUGAN, JEFF, , ,

Mailing Address 5709 SEVILLE CT

City PLANO State TX Zip Code 75093-4230

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TEXAS INSTRUMENTS MANAGEMENT

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2900.00

Date of Receipt

M M	D D	Y Y Y Y
12	24	2021

Transaction ID : A9F0B109CF2DB4FD29CB

Amount of Each Receipt this Period

2900.00

☐ Memo Item
EARMARKED (NON-DIRECTED) THROUGH WIN RED

C. Full Name (Last, First, Middle Initial)
WIN RED

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
90942.09

Date of Receipt

M M	D D	Y Y Y Y
12	24	2021

Transaction ID : A8512597AD11D4490B30

Amount of Each Receipt this Period

2900.00

☒ Memo Item
INTERMEDIARY
TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.

2900.00

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SUBTOTAL of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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Any information copied from such Reports and Statements 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.

NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FRANCIS, JOHN, L., ,

Mailing Address 2413 DOVE TERRACE

City GREAT BEND	State KS	Zip Code 67530-6812
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer FRANCIS FINANCIAL SERVICES	Occupation FINANCIAL PROFESSIONAL
--	--------------------------------------

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 31 2021

Transaction ID : AF4933D2DDE274920A95

Amount of Each Receipt this Period

500.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
FRANCIS, JOHN, L., ,

Mailing Address 2413 DOVE TERRACE

City GREAT BEND	State KS	Zip Code 67530-6812
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer FRANCIS FINANCIAL SERVICES	Occupation FINANCIAL PROFESSIONAL
--	--------------------------------------

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 31 2021

Transaction ID : AFE6FB546B20F499DBF0

Amount of Each Receipt this Period

- 100.00

☒ Memo Item
REDESIGNATION FROM

C. Full Name (Last, First, Middle Initial)
FRANCIS, JOHN, L., ,

Mailing Address 2413 DOVE TERRACE

City GREAT BEND	State KS	Zip Code 67530-6812
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer FRANCIS FINANCIAL SERVICES	Occupation FINANCIAL PROFESSIONAL
--	--------------------------------------

Receipt For: 2022
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 31 2021

Transaction ID : A12FC94BD3DAF429C81D

Amount of Each Receipt this Period

100.00

☒ Memo Item
REDESIGNATION TO

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GIAMBASTIANI, PETE, , ,
Mailing Address 8235 TAUNTON PL

City
WEST SPRINGFIELD

State
VA

Zip Code
22152-2428

FEC ID number of contributing
federal political committee.

C

Name of Employer
GE AVIATION

Occupation
GOVERNMENT AFFAIRS

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 16 2021

Transaction ID : AA1517D0F0E004FC0A53

Amount of Each Receipt this Period

500.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WIN RED

B. Full Name (Last, First, Middle Initial)
WIN RED
Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219-1891

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

90942.09

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 16 2021

Transaction ID : A8545D0212E6B41D48BB

Amount of Each Receipt this Period

500.00

☒ Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.

C. Full Name (Last, First, Middle Initial)
MUNSON, ROBERT, C., ,
Mailing Address 3802 LILBERTY HALL RD.

City
JUNCTION CITY

State
KS

Zip Code
66441-8467

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 29 2021

Transaction ID : A8F5FC321735A42A7A00

Amount of Each Receipt this Period

500.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WIN RED

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESSFull Name (Last, First, Middle Initial)
WIN RED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

90942.09

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		29		2021

Transaction ID : AB536617BB1B740EEB61

Amount of Each Receipt this Period

500.00

☒ Memo Item
INTERMEDIARY
TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.**B.** Full Name (Last, First, Middle Initial)
VAN COURT, PHILLIP, , ,
Mailing Address 2524 STONEPOST LANECity
SALINAState
KSZip Code
67401-3387FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

THE SCOLAR COMPANY

VICE PRESIDENT

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5800.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		15		2021

Transaction ID : A9509E7C21E784B1A9B3

Amount of Each Receipt this Period

2900.00

☐ Memo Item
EARMARKED (NON-DIRECTED) THROUGH WIN RED
C. Full Name (Last, First, Middle Initial)
WIN RED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

90942.09

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		15		2021

Transaction ID : A0EB67227122A4EF4953

Amount of Each Receipt this Period

2900.00

☒ Memo Item
INTERMEDIARY
TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.**SUBTOTAL** of Receipts This Page (optional)..... ▶

2900.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) NELSON, RON, , ,			Date of Receipt M M / D D / Y Y Y Y Y 12 31 2021	
Mailing Address 3322 LINCOLN DR			Transaction ID : ACFA5FC1B76D542D6AFF	
City HAYS	State KS	Zip Code 67601-1577	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			☐ Memo Item	
Name of Employer DOWNING-NELSON OIL CO., INC.		Occupation PRESIDENT	☐ Memo Item	
Receipt For: 2022 ☒ Primary ☐ General ☐ Other (specify) ▼		Election Cycle-to-Date ▼ 3000.00		
B. Full Name (Last, First, Middle Initial) NELSON, RON, , ,			Date of Receipt M M / D D / Y Y Y Y Y 12 31 2021	
Mailing Address 3322 LINCOLN DR			Transaction ID : A0D05AD3B33D8481D9A7	
City HAYS	State KS	Zip Code 67601-1577	Amount of Each Receipt this Period - 100.00	
FEC ID number of contributing federal political committee. C			☒ Memo Item REDESIGNATION FROM	
Name of Employer DOWNING-NELSON OIL CO., INC.		Occupation PRESIDENT	☐ Memo Item	
Receipt For: 2022 ☒ Primary ☐ General ☐ Other (specify) ▼		Election Cycle-to-Date ▼ 3000.00		
C. Full Name (Last, First, Middle Initial) NELSON, RON, , ,			Date of Receipt M M / D D / Y Y Y Y Y 12 31 2021	
Mailing Address 3322 LINCOLN DR			Transaction ID : A57AA40EA774443E1A14	
City HAYS	State KS	Zip Code 67601-1577	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			☒ Memo Item REDESIGNATION TO	
Name of Employer DOWNING-NELSON OIL CO., INC.		Occupation PRESIDENT	☐ Memo Item	
Receipt For: 2022 ☐ Primary ☒ General ☐ Other (specify) ▼		Election Cycle-to-Date ▼ 3000.00		
SUBTOTAL of Receipts This Page (optional)..... ▶			500.00	
TOTAL This Period (last page this line number only)..... ▶				

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BURKHALTER, NATALIE, , ,

Mailing Address 312 3RD ST NE

City WASHINGTON	State DC	Zip Code 20002-5716
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer PHRMA	Occupation FEDERAL ADVOCACY
---------------------------	--------------------------------

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 16 2021

Transaction ID : AD397E27568374084B27

Amount of Each Receipt this Period

500.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WIN RED

B. Full Name (Last, First, Middle Initial)
WIN RED

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer	Occupation
------------------	------------

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
90942.09

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 16 2021

Transaction ID : A4B5960E4B1464219BF5

Amount of Each Receipt this Period

500.00

☒ Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.

C. Full Name (Last, First, Middle Initial)
ELDER, ED, , ,

Mailing Address 1009 W. 57TH TERR.

City KANSAS CITY	State MO	Zip Code 64113-1163
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer COLLIERS	Occupation REAL ESTATE BROKER
------------------------------	----------------------------------

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 14 2021

Transaction ID : A4348058DC0994377B13

Amount of Each Receipt this Period

500.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WIN RED

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WIN RED

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
90942.09

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		14		2021

Transaction ID : A18E8F40EC4AE4E9DB5B

Amount of Each Receipt this Period

500.00

☒ Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

B. Full Name (Last, First, Middle Initial)
BROOKS, ROBERT, , ,

Mailing Address 700 W 31ST ST

City KANSAS CITY State MO Zip Code 64108-3644

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
COPAKEN BROOKS COMMERCIAL REAL ESTATE BROKER

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		30		2021

Transaction ID : AE834A3BBB4AA43BD8B5

Amount of Each Receipt this Period

1000.00

☐ Memo Item
EARMARKED (NON-DIRECTED) THROUGH WIN RED

C. Full Name (Last, First, Middle Initial)
WIN RED

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
90942.09

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		30		2021

Transaction ID : A65F2E312D26F48AB8A0

Amount of Each Receipt this Period

1000.00

☒ Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

SUBTOTAL of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

1000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) GATES, JAMES, , ,			Date of Receipt M M / D D / Y Y Y Y Y 12 / 14 / 2021	
Mailing Address 3912 W. 102ND STREET			Transaction ID : AE7EF73121F4F405592B	
City OVERLAND PARK	State KS	Zip Code 66207-3611	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			☐ Memo Item EARMARKED (NON-DIRECTED) THROUGH WIN RED	
Name of Employer JLL		Occupation COMMERCIAL REAL ESTATE		
Receipt For: 2022 ☒ Primary ☐ General ☐ Other (specify) ▼		Election Cycle-to-Date ▼ 250.00		

B. Full Name (Last, First, Middle Initial) WIN RED			Date of Receipt M M / D D / Y Y Y Y Y 12 / 14 / 2021	
Mailing Address PO BOX 9891			Transaction ID : A4A299912C1454670AF9	
City ARLINGTON	State VA	Zip Code 22219-1891	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C C00694323			☒ Memo Item INTERMEDIARY TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.	
Name of Employer		Occupation		
Receipt For: 2022 ☒ Primary ☐ General ☐ Other (specify) ▼		Election Cycle-to-Date ▼ 90942.09		

C. Full Name (Last, First, Middle Initial) MASON, GARY, , ,			Date of Receipt M M / D D / Y Y Y Y Y 10 / 06 / 2021	
Mailing Address 9669 W VILLAGE PL			Transaction ID : A8DDD541121F1446391E	
City MAIZE	State KS	Zip Code 67101-3774	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			☐ Memo Item EARMARKED (NON-DIRECTED) THROUGH WIN RED	
Name of Employer ISI ENVIRONMENTAL		Occupation ENGINEER		
Receipt For: 2022 ☒ Primary ☐ General ☐ Other (specify) ▼		Election Cycle-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

750.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WIN RED

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer	Occupation
------------------	------------

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
90942.09

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 06 / 2021

Transaction ID : A1CF63C432AB9413D9E6

Amount of Each Receipt this Period

500.00

☒ Memo Item
INTERMEDIARY
TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.

B. Full Name (Last, First, Middle Initial)
SIMPSON, GROVER, , ,

Mailing Address 6525 BELINDER AVE

City MISSION HILLS	State KS	Zip Code 66208-1960
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer LOCKTON COMPANIES	Occupation INSURANCE EXECUTIVE
---------------------------------------	-----------------------------------

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 10 / 2021

Transaction ID : AF469A334C29843D1928

Amount of Each Receipt this Period

250.00

☐ Memo Item
EARMARKED (NON-DIRECTED) THROUGH WIN RED

C. Full Name (Last, First, Middle Initial)
WIN RED

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer	Occupation
------------------	------------

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
90942.09

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 10 / 2021

Transaction ID : A048A346C1F4745A0ADE

Amount of Each Receipt this Period

250.00

☒ Memo Item
INTERMEDIARY
TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

250.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
EHRlich, ANDREW, , ,

Mailing Address 1304 ELLISON ST

City FALLS CHURCH	State VA	Zip Code 22046-4619
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer EHRlich ASSOCIATES LLC	Occupation LOBBYIST
--	------------------------

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 09 / 2021

Transaction ID : A5546212D21DE42BEAE7

Amount of Each Receipt this Period

1000.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WIN RED

B. Full Name (Last, First, Middle Initial)
WIN RED

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer	Occupation
------------------	------------

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
90942.09

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 09 / 2021

Transaction ID : AAB511AD20BE8483695A

Amount of Each Receipt this Period

1000.00

☒ Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

C. Full Name (Last, First, Middle Initial)
DINGS, MARK, , ,

Mailing Address PO BOX 3849

City APACHE JUNCTION	State AZ	Zip Code 85117-4138
-------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2022
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2021

Transaction ID : A61BCBA140B184EB2995

Amount of Each Receipt this Period

500.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WIN RED

SUBTOTAL of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

1500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

Full Name (Last, First, Middle Initial)
WIN RED

A. Mailing Address PO BOX 9891

City State Zip Code
ARLINGTON VA 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2022
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
90942.09

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 30 2021

Transaction ID : AA0CCCF968EC24F50A96

Amount of Each Receipt this Period

500.00

☒ Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.

B. Full Name (Last, First, Middle Initial)
DONOVAN, PATRICK, , ,
Mailing Address 605 SUNSET DRIVE

City State Zip Code
NORTON KS 67654-1240

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 29 2021

Transaction ID : A7B09E3FB84524590967

Amount of Each Receipt this Period

250.00

☐ Memo Item
EARMARKED (NON-DIRECTED) THROUGH WIN RED

C. Full Name (Last, First, Middle Initial)
WIN RED
Mailing Address PO BOX 9891

City State Zip Code
ARLINGTON VA 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
90942.09

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 29 2021

Transaction ID : A3D1B87CAEADD404F9FC

Amount of Each Receipt this Period

250.00

☒ Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 34 OF 157

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
VAN COURT, PHILLIP, , ,
Mailing Address 2524 STONEPOST LANE

City State Zip Code
SALINA KS 67401-3387

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE SCOLAR COMPANY

Occupation
VICE PRESIDENT

Receipt For: 2022
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 15 2021

Transaction ID : A95BD813EB2454E598A0

Amount of Each Receipt this Period

2900.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WIN RED

B. Full Name (Last, First, Middle Initial)
WIN RED
Mailing Address PO BOX 9891

City State Zip Code
ARLINGTON VA 22219-1891

FEC ID number of contributing
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2022
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

90942.09

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 15 2021

Transaction ID : AA051A431BC7041B59C3

Amount of Each Receipt this Period

2900.00

☒ Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.

C. Full Name (Last, First, Middle Initial)
HARSHMAN, WARREN, , ,
Mailing Address 1646 FP RD

City State Zip Code
CEDAR POINT KS 66843-9538

FEC ID number of contributing
federal political committee.

C

Name of Employer
HARSHMAN CONSTRUCTION, LLC

Occupation
OWNER

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 31 2021

Transaction ID : AF6E9A8907412441CAF4

Amount of Each Receipt this Period

4000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

6900.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HARSHMAN, WARREN, , ,

Mailing Address 1646 FP RD

City CEDAR POINT State KS Zip Code 66843-9538

FEC ID number of contributing federal political committee. **C**

Name of Employer HARSHMAN CONSTRUCTION, LLC Occupation OWNER

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
7900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 31 2021

Transaction ID : A6C6F295141B1469186D

Amount of Each Receipt this Period

– 1100.00

☒ Memo Item
REATTRIBUTION FROM

B. Full Name (Last, First, Middle Initial)
HARSHMAN, SUSIE, , ,

Mailing Address 1646 FP RD

City CEDAR POINT State KS Zip Code 66843-9538

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
3100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 31 2021

Transaction ID : A753191DCB62D47E5A4E

Amount of Each Receipt this Period

1100.00

☒ Memo Item
REATTRIBUTION TO

C. Full Name (Last, First, Middle Initial)
STOFER, DAVID, , ,

Mailing Address 2921 W 67TH TERRACE

City MISSION HILLS State KS Zip Code 66208-1853

FEC ID number of contributing federal political committee. **C**

Name of Employer MARINER WEALTH ADVISORS Occupation MANAGING DIRECTOR

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 16 2021

Transaction ID : A5A92187CA74F487E875

Amount of Each Receipt this Period

500.00

☐ Memo Item
EARMARKED (NON-DIRECTED) THROUGH WIN RED

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

Full Name (Last, First, Middle Initial)
WIN RED

A. Mailing Address PO BOX 9891

City State Zip Code
ARLINGTON VA 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
90942.09

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 16 2021

Transaction ID : A473ABFBBAA1E4F7EA3E

Amount of Each Receipt this Period

500.00

☒ Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.

B. Full Name (Last, First, Middle Initial)
ROBINOW, MARJORIE, , ,

Mailing Address 10048 GOODMAN DR

City State Zip Code
OVERLAND PARK KS 66212-3431

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED REAL ESTATE BROKER

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 15 2021

Transaction ID : A31BEE88A6CD34D32AFC

Amount of Each Receipt this Period

500.00

☐ Memo Item
EARMARKED (NON-DIRECTED) THROUGH WIN RED

C. Full Name (Last, First, Middle Initial)
WIN RED

Mailing Address PO BOX 9891

City State Zip Code
ARLINGTON VA 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
90942.09

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 15 2021

Transaction ID : AD9014CDE686048EA85B

Amount of Each Receipt this Period

500.00

☒ Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ALGRIM, PHILLIP, , ,

Mailing Address 6312 GRANADA

City PRAIRIE VILLAGE State KS Zip Code 66208-1543

FEC ID number of contributing federal political committee. **C**

Name of Employer JLL Occupation REAL ESTATE BROKERAGE

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 15 2021

Transaction ID : AAF6F2760B0124E19BE4

Amount of Each Receipt this Period

1000.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WIN RED

B. Full Name (Last, First, Middle Initial)
WIN RED

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
90942.09

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 15 2021

Transaction ID : ADA255E3BFFA044D1BBA

Amount of Each Receipt this Period

1000.00

☒ Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.

C. Full Name (Last, First, Middle Initial)
HERMES, DALTON, , ,

Mailing Address 18401 QUIVIRA RD

City BUCYRUS State KS Zip Code 66013-9266

FEC ID number of contributing federal political committee. **C**

Name of Employer HERMES LANDSCAPING, INC. Occupation CEO

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 09 2021

Transaction ID : ABA16D638B1DF43E48D9

Amount of Each Receipt this Period

500.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WIN RED

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WIN RED

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
90942.09

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		09		2021

Transaction ID : AA9F68CC1BAEC4B688AA

Amount of Each Receipt this Period

500.00

☒ Memo Item
INTERMEDIARY
TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.

B. Full Name (Last, First, Middle Initial)
DINGS, MARK, , ,

Mailing Address PO BOX 3849

City APACHE JUNCTION State AZ Zip Code 85117-4138

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2022
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		30		2021

Transaction ID : ACE6CEE2406FF4E5F8FE

Amount of Each Receipt this Period

500.00

☐ Memo Item
EARMARKED (NON-DIRECTED) THROUGH WIN RED

C. Full Name (Last, First, Middle Initial)
WIN RED

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2022
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
90942.09

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		30		2021

Transaction ID : A65D1809AA3FD4EAC95E

Amount of Each Receipt this Period

500.00

☒ Memo Item
INTERMEDIARY
TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DINGS, MARK, , ,

Mailing Address PO BOX 3849

City APACHE JUNCTION State AZ Zip Code 85117-4138

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2022
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
4500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 30 2021

Transaction ID : A5E2D9CCC830544068C3

Amount of Each Receipt this Period

500.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WIN RED

B. Full Name (Last, First, Middle Initial)
WIN RED

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2022
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
90942.09

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 30 2021

Transaction ID : A8510AE25C17B481EA62

Amount of Each Receipt this Period

500.00

☒ Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.

C. Full Name (Last, First, Middle Initial)
HOWE, H., PHILIP, ,

Mailing Address 1718 THOMAS CIR

City MANHATTAN State KS Zip Code 66502-4635

FEC ID number of contributing federal political committee. **C**

Name of Employer KS STATE BANK Occupation PRESIDENT AND CEO

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 26 2021

Transaction ID : A58333E5E33DC434C865

Amount of Each Receipt this Period

2500.00

☐ Memo Item

3000.00

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HOWE, H., PHILIP, ,

Mailing Address 1718 THOMAS CIR

City MANHATTAN	State KS	Zip Code 66502-4635
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer KS STATE BANK	Occupation PRESIDENT AND CEO
-----------------------------------	---------------------------------

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 26 2021

Transaction ID : A3666EA501E914490AF3

Amount of Each Receipt this Period

– 2100.00

☒ Memo Item
REDESIGNATION FROM

B. Full Name (Last, First, Middle Initial)
HOWE, H., PHILIP, ,

Mailing Address 1718 THOMAS CIR

City MANHATTAN	State KS	Zip Code 66502-4635
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer KS STATE BANK	Occupation PRESIDENT AND CEO
-----------------------------------	---------------------------------

Receipt For: 2022
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 26 2021

Transaction ID : A9AB0267E5B494032B6E

Amount of Each Receipt this Period

2100.00

☒ Memo Item
REDESIGNATION TO

C. Full Name (Last, First, Middle Initial)
BRECKENRIDGE, BRUCE, , ,

Mailing Address 12116 CATALINA

City LEAWOOD	State KS	Zip Code 66209-1507
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer ENJET AERO	Occupation CEO
--------------------------------	-------------------

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 17 2021

Transaction ID : ABDC2D0A09AD94AF291D

Amount of Each Receipt this Period

500.00

☐ Memo Item
EARMARKED (NON-DIRECTED) THROUGH WIN RED

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

Full Name (Last, First, Middle Initial)
WIN RED

A. Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219-1891

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

90942.09

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 17 2021

Transaction ID : AA75D360AEC044C06A52

Amount of Each Receipt this Period

500.00

☒ Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.

B. Full Name (Last, First, Middle Initial)
LONG, MARK, , ,

Mailing Address 1220 WASHINGTON ST
STE 300

City
KANSAS CITY

State
MO

Zip Code
64105-1439

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

NEWMARK ZIMMER

REAL ESTATE BROKER

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 14 2021

Transaction ID : AA0465AD38BF942E2849

Amount of Each Receipt this Period

250.00

☐ Memo Item
EARMARKED (NON-DIRECTED) THROUGH WIN RED

C. Full Name (Last, First, Middle Initial)
WIN RED

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219-1891

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

90942.09

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 14 2021

Transaction ID : A4F4260A32A98402CBB7

Amount of Each Receipt this Period

250.00

☒ Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WALKER, WADE, , ,
Mailing Address 5500 FAIRWAY RD.

City State Zip Code
FAIRWAY KS 66205-2640

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
GASTINGER WALKER HARDEN ARCHITECTS ARCHITECT

Receipt For: 2022
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
5800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 14 2021

Transaction ID : A46A5A12258164A07917

Amount of Each Receipt this Period

2900.00

☐ Memo Item
EARMARKED (NON-DIRECTED) THROUGH WIN RED

B. Full Name (Last, First, Middle Initial)
WIN RED
Mailing Address PO BOX 9891

City State Zip Code
ARLINGTON VA 22219-1891

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer Occupation

Receipt For: 2022
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
90942.09

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 14 2021

Transaction ID : A5950DB5ECC6A4EDDADE

Amount of Each Receipt this Period

2900.00

☒ Memo Item
INTERMEDIARY
TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.

C. Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2900.00
79100.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NORTH AMERICAN MEAT INSTITUTE PAC

Mailing Address 1150 CONNECTICUT AVE NW
FL 12

City WASHINGTON	State DC	Zip Code 20036-4104
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00024281

Name of Employer	Occupation
------------------	------------

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 23 2021

Transaction ID : AA3E68DDB9EDE4617B7D

Amount of Each Receipt this Period

1500.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
BUNGE NORTH AMERICA INC POLITICAL ACTION COMMITTEE

Mailing Address 25 MASSACHUSETTS AVE NW
STE 340

City WASHINGTON	State DC	Zip Code 20001-7404
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00401687

Name of Employer	Occupation
------------------	------------

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 21 2021

Transaction ID : AA7EC310C2F5E4406887

Amount of Each Receipt this Period

1000.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
MCGUIREWOODS FEDERAL PAC

Mailing Address 800 E CANAL ST

City RICHMOND	State VA	Zip Code 23219-3956
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00225342

Name of Employer	Occupation
------------------	------------

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 23 2021

Transaction ID : AC3ABCC98140F4DACBE9

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
UNITED PARCEL SERVICE INC. PAC
Mailing Address 55 GLENLAKE PKWY

City State Zip Code
ATLANTA GA 30328-3474

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 21 2021

Transaction ID : AEC4B8F9AFE73462EBFD

Amount of Each Receipt this Period

2000.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
INDEPENDENT COMMUNITY BANKERS OF AMERICA PAC
Mailing Address 1615 L ST NW
STE 900

City State Zip Code
WASHINGTON DC 20036-5623

FEC ID number of contributing federal political committee. **C** C00032698

Name of Employer Occupation

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 31 2021

Transaction ID : ACE2E64A3E04048B4974

Amount of Each Receipt this Period

1000.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
SOUTHERN COMPANY EMPLOYEES PAC
Mailing Address 241 RALPH MCGILL BLVD NE
BIN 10230

City State Zip Code
ATLANTA GA 30308-3374

FEC ID number of contributing federal political committee. **C** C00144774

Name of Employer Occupation

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 31 2021

Transaction ID : AAB54F3678414AA59A7

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

4000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

Full Name (Last, First, Middle Initial)
AMERICAN PHYSICAL THERAPY ASSOCIATION PHYSICAL THERAPY POLITICAL ACTION COMMITTEE (PT-PAC)

A. Mailing Address 3030 POTOMAC AVE
STE 100

City State Zip Code
ALEXANDRIA VA 22305

FEC ID number of contributing
federal political committee. **C** C00012880

Name of Employer Occupation

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 10 2021

Transaction ID : A01DBE12DB939405E8B3

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)
B. AMERICAN SOCIETY OF ANESTHESIOLOGISTS PAC

Mailing Address 1061 AMERICAN LN

City State Zip Code
SCHAUMBURG IL 60173-4973

FEC ID number of contributing
federal political committee. **C** C00255752

Name of Employer Occupation

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 31 2021

Transaction ID : A8D9912614D9A4A32B52

Amount of Each Receipt this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)
C. EVERGY EMPLOYEE POWERPAC

Mailing Address 1200 MAIN ST

City State Zip Code
KANSAS CITY MO 64105-2122

FEC ID number of contributing
federal political committee. **C** C00111310

Name of Employer Occupation

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 17 2021

Transaction ID : AB5914F3C27B54298874

Amount of Each Receipt this Period

1500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

4000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE
Mailing Address 430 NORTH MICHIGAN AVENUE

City State Zip Code
CHICAGO IL 60611

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
8000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 08 2021

Transaction ID : AE11E3872675540A88DF

Amount of Each Receipt this Period

1000.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
AUTO CARE ASSOCIATION POLITICAL ACTION COMMITTEE
Mailing Address 7101 WISCONSIN AVE
STE 1300

City State Zip Code
BETHESDA MD 20814-4866

FEC ID number of contributing federal political committee. **C** C00250753

Name of Employer Occupation

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
0.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 23 2021

Transaction ID : AF3C9D8B8F3804E12991

Amount of Each Receipt this Period

0.01

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
NATSO INC. NATSO PAC
Mailing Address 1330 BRADDOCK PL
STE 501

City State Zip Code
ALEXANDRIA VA 22314-1650

FEC ID number of contributing federal political committee. **C** C00501643

Name of Employer Occupation

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 21 2021

Transaction ID : A1694899D8AFD42BD85F

Amount of Each Receipt this Period

2000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3000.01

SCHEDULE A (FEC Form 3)
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			15

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LIVESTOCK MARKETING ASSOCIATION PAC

Mailing Address 10510 N AMBASSADOR DR

City KANSAS CITY	State MO	Zip Code 64153-1278
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00244400

Name of Employer Occupation

Receipt For: 2022

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	D D	Y Y Y Y
12	31	2021

Transaction ID : AB4031CF81EE2477AB83

Amount of Each Receipt this Period

1000.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
ONEOK INC. EMPLOYEE POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 871

City TULSA	State OK	Zip Code 74102-0871
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00215384

Name of Employer Occupation

Receipt For: 2022

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	D D	Y Y Y Y
11	02	2021

Transaction ID : AAB6EE116FB784A71985

Amount of Each Receipt this Period

1000.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
AUTO CARE ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 7101 WISCONSIN AVE
STE 1300

City BETHESDA	State MD	Zip Code 20814-4866
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00250753

Name of Employer Occupation

Receipt For: 2022

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.01

Date of Receipt

M M	D D	Y Y Y Y
11	24	2021

Transaction ID : A09E7D17ABF8345BC902

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

3000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PFIZER INC. PAC

Mailing Address 235 E 42ND ST

City NEW YORK State NY Zip Code 10017-5703

FEC ID number of contributing federal political committee. **C** C00016683

Name of Employer Occupation

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 21 2021

Transaction ID : AE03E6FC905A04805841

Amount of Each Receipt this Period

1500.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
CORECIVIC, INC. POLITICAL ACTION COMMITTEE (CORECIVIC PAC)

Mailing Address 5501 VIRGINIA WAY
STE 110

City BRENTWOOD State TN Zip Code 37027-7684

FEC ID number of contributing federal political committee. **C** C00366468

Name of Employer Occupation

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 21 2021

Transaction ID : A2CC5FD0FC4F145ECB7A

Amount of Each Receipt this Period

1500.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
NATIONAL PORK PRODUCERS COUNCIL PORK PAC

Mailing Address PO BOX 10383

City DES MOINES State IA Zip Code 50306-0383

FEC ID number of contributing federal political committee. **C** C00201871

Name of Employer Occupation

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 23 2021

Transaction ID : A98871AE031C34B24A2F

Amount of Each Receipt this Period

2000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

5000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AMERICAN OPTOMETRIC ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1505 PRINCE ST
STE 300

City State Zip Code
ALEXANDRIA VA 22314-2874

FEC ID number of contributing
federal political committee. **C** C00024968

Name of Employer Occupation

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 23 2021

Transaction ID : A4F0F052801894521A3E

Amount of Each Receipt this Period

2000.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
KOCH INDUSTRIES, INC. PAC

Mailing Address 4111 E 37TH ST N

City State Zip Code
WICHITA KS 67220-3203

FEC ID number of contributing
federal political committee. **C** C00236489

Name of Employer Occupation

Receipt For: 2022
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 21 2021

Transaction ID : A4CD992AD37C6428389C

Amount of Each Receipt this Period

1000.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
GENESEE & WYOMING INC. PAC

Mailing Address 2550 KINGSTON RD
STE 312

City State Zip Code
EAST YORK PA 17402-3734

FEC ID number of contributing
federal political committee. **C** C00289058

Name of Employer Occupation

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 21 2021

Transaction ID : A27DA7F9433F44597B19

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

4000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LOCKTON INC. PAC

Mailing Address 4900 MAIN ST
STE 800

City KANSAS CITY State MO Zip Code 64112-2753

FEC ID number of contributing federal political committee. **C** C00652529

Name of Employer Occupation

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 31 2021

Transaction ID : AB7AD7151C0B247F9B7F

Amount of Each Receipt this Period

1000.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE (INSURPAC)

Mailing Address 20 F ST NW
STE 610

City WASHINGTON State DC Zip Code 20001-6707

FEC ID number of contributing federal political committee. **C** C00022343

Name of Employer Occupation

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 23 2021

Transaction ID : A7DF972F3A98649FFAFE

Amount of Each Receipt this Period

1000.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
LEADERSHIP AND ACCOUNTABILITY ARE NATIONAL KEYS PAC

Mailing Address PO BOX 1639

City BETHANY State OK Zip Code 73008-1639

FEC ID number of contributing federal political committee. **C** C00492058

Name of Employer Occupation

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 31 2021

Transaction ID : A6E5E739441DC4FB895A

Amount of Each Receipt this Period

5000.00

☐ Memo Item

7000.00

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

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Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

Mailing Address 50 F ST NW
STE 900

City
WASHINGTON

State
DC

Zip Code
20001-1530

FEC ID number of contributing
federal political committee.

C C00002238

Name of Employer

Occupation

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 23 2021

Transaction ID : A8308A321B5074D1681A

Amount of Each Receipt this Period

1000.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
CHS INC. POLITICAL ACTION COMMITTEE

Mailing Address 5500 CENEX DR

City
INVER GROVE HEIGHT

State
MN

Zip Code
55077-1721

FEC ID number of contributing
federal political committee.

C C00149104

Name of Employer

Occupation

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 26 2021

Transaction ID : A791159EE654D4AEFB18

Amount of Each Receipt this Period

2500.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
AMERICAN SOYBEAN ASSOCIATION PAC (SOYPAC)

Mailing Address 12647 OLIVE BLVD
STE 410

City
SAINT LOUIS

State
MO

Zip Code
63141-6345

FEC ID number of contributing
federal political committee.

C C00408468

Name of Employer

Occupation

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 31 2021

Transaction ID : AEDBCBF36B0B341A683D

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FEDERAL HOME LOAN BANK OF TOPEKA PAC
Mailing Address PO BOX 176

City State Zip Code
TOPEKA KS 66601-0176

FEC ID number of contributing federal political committee. **C** C00410720

Name of Employer Occupation

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 31 2021

Transaction ID : AF237B565A96445B9B1A

Amount of Each Receipt this Period

3000.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
THE FARM CREDIT COUNCIL PAC
Mailing Address 50 F ST NW
STE 900

City State Zip Code
WASHINGTON DC 20001-1530

FEC ID number of contributing federal political committee. **C** C00193631

Name of Employer Occupation

Receipt For: 2022
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
8000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 23 2021

Transaction ID : A610136E39EE947D5BDC

Amount of Each Receipt this Period

3000.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
CULAC THE PAC OF THE CREDIT UNION NATIONAL ASSOCIATION
Mailing Address 99 M ST SE
STE 300

City State Zip Code
WASHINGTON DC 20003-3957

FEC ID number of contributing federal political committee. **C** C00007880

Name of Employer Occupation

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 31 2021

Transaction ID : AB49DED8FD287474285C

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

7000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

Full Name (Last, First, Middle Initial)
ASSOCIATED GENERAL CONTRACTORS OF AMERICA POLITICAL ACTION COMMITTEE

A. Mailing Address 2300 WILSON BLVD
STE 300

City State Zip Code
ARLINGTON VA 22201-5426

FEC ID number of contributing
federal political committee. **C** C00082917

Name of Employer Occupation

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 26 2021

Transaction ID : AFBED0A01E47540A7854

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)
B. KOCH INDUSTRIES, INC. PAC

Mailing Address 4111 E 37TH ST N

City State Zip Code
WICHITA KS 67220-3203

FEC ID number of contributing
federal political committee. **C** C00236489

Name of Employer Occupation

Receipt For: 2022
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 21 2021

Transaction ID : A3AAEA8BB9FA245E9AE4

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)
C. RENEWABLE FUELS ASSOCIATION PAC (RENEWABLE FUELS PAC)

Mailing Address 425 3RD ST SW
STE 1150

City State Zip Code
WASHINGTON DC 20024-3231

FEC ID number of contributing
federal political committee. **C** C00518910

Name of Employer Occupation

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 21 2021

Transaction ID : A5ACE6733D2E841CDAFC

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

4000.00

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CERNER CORPORATION PAC
Mailing Address 2800 ROCK CREEK PKWY

City State Zip Code
KANSAS CITY MO 64117-2521

FEC ID number of contributing federal political committee. **C** C00410589

Name of Employer Occupation

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 21 2021

Transaction ID : A05F70C86A86B451AA4D

Amount of Each Receipt this Period

2000.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
BUILD POLITICAL ACTION COMMITTEE OF THE NATIONAL ASSOCIATION OF HOME BUILDERS (BUILDPAAC)
Mailing Address 1201 15TH ST NW

City State Zip Code
WASHINGTON DC 20005-2899

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer Occupation

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 31 2021

Transaction ID : AADAF11A96224B24867

Amount of Each Receipt this Period

2500.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
RAIN AND HAIL INSURANCE PAC
Mailing Address 9200 NORTHPARK DR
STE 300

City State Zip Code
JOHNSTON IA 50131-3006

FEC ID number of contributing federal political committee. **C** C00279505

Name of Employer Occupation

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 23 2021

Transaction ID : A730A835D8F5A4442865

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1101 KING ST
STE 600

City ALEXANDRIA	State VA	Zip Code 22314-2965
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer Occupation

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
7500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 23 / 2021

Transaction ID : AE5D0B7BE6DC442A5B54

Amount of Each Receipt this Period

1500.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE

Mailing Address 430 NORTH MICHIGAN AVENUE

City CHICAGO	State IL	Zip Code 60611
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
7000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2021

Transaction ID : AF8BF95B8999B40C3B8E

Amount of Each Receipt this Period

1000.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
NATIONAL AUTOMOBILE DEALERS ASSOCIATION PAC

Mailing Address 412 1ST ST SE

City WASHINGTON	State DC	Zip Code 20003-1804
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00040998

Name of Employer Occupation

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2021

Transaction ID : A8C9374B200504C21B60

Amount of Each Receipt this Period

5000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7500.00

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NATIONAL MULTIFAMILY HOUSING COUNCIL POLITICAL ACTION COMMITTEE

Mailing Address 1775 I ST NW
STE 1100

City
WASHINGTON

State
DC

Zip Code
20006-2424

FEC ID number of contributing
federal political committee.

C C00130773

Name of Employer

Occupation

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 21 2021

Transaction ID : AA800A4DCFEAD4705ADC

Amount of Each Receipt this Period

2000.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2000.00

64000.01

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MANN VICTORY FUND

Mailing Address PO BOX 1084

City SALINA State KS Zip Code 67402-1084

FEC ID number of contributing federal political committee. **C** C00760215

Name of Employer Occupation

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
38906.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 03 2021

Transaction ID : A4B64C9C294814F689A1

Amount of Each Receipt this Period

11280.00

☐ Memo Item
TRANSFER

B. Full Name (Last, First, Middle Initial)
WALKER, PENNY, , ,

Mailing Address 1905 E IRON AVE

City SALINA State KS Zip Code 67401-3428

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
5800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 30 2021

Transaction ID : A07E263A14ECD48D280C

Amount of Each Receipt this Period

2900.00

☒ Memo Item

C. Full Name (Last, First, Middle Initial)
WALKER, CINDY, , ,

Mailing Address 1608 S REESE RD

City BROOKVILLE State KS Zip Code 67425-9715

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
5800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 30 2021

Transaction ID : A7AA2120BB55A487B9A1

Amount of Each Receipt this Period

2900.00

☒ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

11280.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WALKER, MIKE, , ,

Mailing Address 1905 E. IRON

City SALINA	State KS	Zip Code 67401-3428
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer BLUE BEACON INTERNATIONAL, INC.	Occupation EXECUTIVE
---	-------------------------

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 5800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 30 / 2021

Transaction ID : A00C07E15F50B4B70925

Amount of Each Receipt this Period

2900.00

☒ Memo Item

B. Full Name (Last, First, Middle Initial)
WALKER, TRACE, , ,

Mailing Address 1608 S REESE RD

City BROOKVILLE	State KS	Zip Code 67425-9715
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer BLUE BEACON INTERNATIONAL, INC	Occupation EXECUTIVE
--	-------------------------

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 5800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 30 / 2021

Transaction ID : AE6813B865ADB48349B0

Amount of Each Receipt this Period

2900.00

☒ Memo Item

C. Full Name (Last, First, Middle Initial)
MANN VICTORY FUND

Mailing Address PO BOX 1084

City SALINA	State KS	Zip Code 67402-1084
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00760215

Name of Employer	Occupation
------------------	------------

Receipt For: 2022
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 38906.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 03 / 2021

Transaction ID : AEA2BFA3FA6114F919AA

Amount of Each Receipt this Period

11280.00

☐ Memo Item

TRANSFER

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

11280.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WALKER, PENNY, , ,

Mailing Address 1905 E IRON AVE

City SALINA	State KS	Zip Code 67401-3428
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer HOMEMAKER	Occupation HOMEMAKER
-------------------------------	-------------------------

Receipt For: 2022
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 5800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2021

Transaction ID : A4CEDAB22C1D845028D4

Amount of Each Receipt this Period

2900.00

☒ Memo Item

B. Full Name (Last, First, Middle Initial)
WALKER, CINDY, , ,

Mailing Address 1608 S REESE RD

City BROOKVILLE	State KS	Zip Code 67425-9715
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer HOMEMAKER	Occupation HOMEMAKER
-------------------------------	-------------------------

Receipt For: 2022
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 5800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2021

Transaction ID : A62D62D5CAC0748B5963

Amount of Each Receipt this Period

2900.00

☒ Memo Item

C. Full Name (Last, First, Middle Initial)
WALKER, MIKE, , ,

Mailing Address 1905 E. IRON

City SALINA	State KS	Zip Code 67401-3428
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer BLUE BEACON INTERNATIONAL, INC.	Occupation EXECUTIVE
---	-------------------------

Receipt For: 2022
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 5800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2021

Transaction ID : A92ECE9C5C16F44A19DA

Amount of Each Receipt this Period

2900.00

☒ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

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0.00

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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WALKER, TRACE, , ,

Mailing Address 1608 S REESE RD

City State Zip Code
 BROOKVILLE KS 67425-9715

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 BLUE BEACON INTERNATIONAL, INC EXECUTIVE

Receipt For: 2022
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 5800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 30 2021

Transaction ID : A34ACF7DEA3CF427687C

Amount of Each Receipt this Period

2900.00

☒ Memo Item

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

0.00

22560.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

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☐ 11a ☐ 11b ☐ 11c ☒ 11d
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NAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FP1 STRATEGIES, LLC

Mailing Address 3001 WASHINGTON BLVD
FL 7

City ARLINGTON State VA Zip Code 22201-2247

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 21 2021

Transaction ID : A844B20716F7547B9BB8

Amount of Each Receipt this Period

3465.84

☐ Memo Item

REFUND FOR 2020 MEDIA PLACEMENT

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3465.84

3465.84

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. WIN RED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22209-2515Purpose of Disbursement
PROCESSING FEES

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
10	01	2021

FEC Identification Number

C

Amount of Each Disbursement this Period

58.47

Transaction ID : B5F77DD3F5A174C25886

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LES WILLIAMSON LLC

Mailing Address PO BOX 60148

City
WASHINGTONState
DCZip Code
20039-0148Purpose of Disbursement
COMPLIANCE CONSULTING / SHIPPING / EVENT SUPPLIES

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
10	01	2021

FEC Identification Number

C

Amount of Each Disbursement this Period

1914.60

Transaction ID : B924A49E344C54FC983A

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HARDER, BRANDON, , ,

Mailing Address 11713 S VICTORY RD

City
HAVENState
KSZip Code
67543-8079Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
10	01	2021

FEC Identification Number

C

Amount of Each Disbursement this Period

400.00

Transaction ID : B5133714ADB1B43C0884

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2373.07

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. WIN RED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22209-2515Purpose of Disbursement
PROCESSING FEES

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
10	04	2021

FEC Identification Number

C

Amount of Each Disbursement this Period

11.09

Transaction ID : B42FA8031191244F7BF9

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WIN RED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22209-2515Purpose of Disbursement
PROCESSING FEES

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
10	05	2021

FEC Identification Number

C

Amount of Each Disbursement this Period

54.70

Transaction ID : B76AB2F93B8634F41BB4

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MAILCHIMPMailing Address 675 PONCE DE LEON AVE NE
STE 5000City
ATLANTAState
GAZip Code
30308-2172Purpose of Disbursement
SUBSCRIPTIONS

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
10	06	2021

FEC Identification Number

C

Amount of Each Disbursement this Period

249.96

Transaction ID : B4FDF4CBF0C5C4BF8BDE

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

315.75

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. WIN RED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22209-2515Purpose of Disbursement
PROCESSING FEES

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
10	06	2021

FEC Identification Number

C

Amount of Each Disbursement this Period

1.25

Transaction ID : BF9C7ACDCDFCC4D4C9D1

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WIN RED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22209-2515Purpose of Disbursement
PROCESSING FEES

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
10	07	2021

FEC Identification Number

C

Amount of Each Disbursement this Period

0.03

Transaction ID : B2B69BE85EC064C53A63

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. THE STANTON GROUP, LLC

Mailing Address 3410 ALABAMA AVE

City
ALEXANDRIAState
VAZip Code
22305-1736Purpose of Disbursement
FUNDRAISING CONSULTING

003

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
10	12	2021

FEC Identification Number

C

Amount of Each Disbursement this Period

2608.22

Transaction ID : B52F776F9249D4FE7848

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2609.50

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 65 OF 157

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. WIN RED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22209-2515Purpose of Disbursement
PROCESSING FEES

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
10	12	2021

FEC Identification Number

C

Amount of Each Disbursement this Period

19.30

Transaction ID : BB40CCCE345404B9D8CD

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ABLE PRINTING COMPANY LLC

Mailing Address 410 HOUSTON ST

City
MANHATTANState
KSZip Code
66502-9968Purpose of Disbursement
PRINTING

004

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
10	12	2021

FEC Identification Number

C

Amount of Each Disbursement this Period

287.63

Transaction ID : BFB07946754474A2587E

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TODD, MICHAELA, , ,

Mailing Address 1421 N 330 RD

City
BALDWIN CITYState
KSZip Code
66006-7210Purpose of Disbursement
DATA MANAGEMENT CONSULTING

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
10	18	2021

FEC Identification Number

C

Amount of Each Disbursement this Period

260.00

Transaction ID : BA32CD5D2ACE64AFDBDC

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

566.93

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. WIN RED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22209-2515Purpose of Disbursement
PROCESSING FEES

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
10	20	2021

FEC Identification Number

C

Amount of Each Disbursement this Period

0.05

Transaction ID : BDAFFA779F6484B5A83B

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. INVICTUS STRATEGIES, LLC

Mailing Address 9404 BRADSHAW ST

City
LENEXAState
KSZip Code
66215-3738Purpose of Disbursement
EMAIL/WEB HOSTING SERVICES

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
10	27	2021

FEC Identification Number

C

Amount of Each Disbursement this Period

488.46

Transaction ID : B4A81448FF4D7473DA59

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WIN RED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22209-2515Purpose of Disbursement
PROCESSING FEES

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
10	28	2021

FEC Identification Number

C

Amount of Each Disbursement this Period

0.04

Transaction ID : B955B256F35FA4F1583C

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

488.55

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. THE STANTON GROUP, LLC

Mailing Address 3410 ALABAMA AVE

City
ALEXANDRIAState
VAZip Code
22305-1736Purpose of Disbursement
FUNDRAISING CONSULTING

003

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
11	01	2021

FEC Identification Number

C

Amount of Each Disbursement this Period

2000.00

Transaction ID : B6C5801BF39C647A6B59

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HARDER, BRANDON, , ,

Mailing Address 11713 S VICTORY RD

City
HAVENState
KSZip Code
67543-8079Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
11	01	2021

FEC Identification Number

C

Amount of Each Disbursement this Period

400.00

Transaction ID : B3EB13D4935984EA08CA

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LES WILLIAMSON LLC

Mailing Address PO BOX 60148

City
WASHINGTONState
DCZip Code
20039-0148Purpose of Disbursement
COMPLIANCE CONSULTING / SHIPPING / EVENT SUPPLIES

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
11	01	2021

FEC Identification Number

C

Amount of Each Disbursement this Period

1522.55

Transaction ID : BFE126C196CF14D80B00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3922.55

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. WIN RED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22209-2515Purpose of Disbursement
PROCESSING FEES

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		04		2021

FEC Identification Number

C

Amount of Each Disbursement this Period

19.30

Transaction ID : B1F8BD4E4EE6242E9B16

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MAILCHIMPMailing Address 675 PONCE DE LEON AVE NE
STE 5000City
ATLANTAState
GAZip Code
30308-2172Purpose of Disbursement
SUBSCRIPTIONS

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		08		2021

FEC Identification Number

C

Amount of Each Disbursement this Period

249.96

Transaction ID : B3209699478994E4BA5D

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WIN RED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22209-2515Purpose of Disbursement
PROCESSING FEES

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		15		2021

FEC Identification Number

C

Amount of Each Disbursement this Period

38.30

Transaction ID : B617D05DA0546400FAA6

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

307.56

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

Any information copied from such Reports and Statements 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.

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. WIN RED TECHNICAL SERVICES LLC

Date of Disbursement

M M	D D	Y Y Y Y
11	18	2021

Mailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22209-2515Purpose of Disbursement
PROCESSING FEES

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

242.20

Transaction ID : B22351DDAD78A4352B5C

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WIN RED TECHNICAL SERVICES LLC

Date of Disbursement

M M	D D	Y Y Y Y
11	19	2021

Mailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22209-2515Purpose of Disbursement
PROCESSING FEES

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

38.60

Transaction ID : BCFAE1CAD67B84B6184A

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HARDER, BRANDON, , ,

Date of Disbursement

M M	D D	Y Y Y Y
12	01	2021

Mailing Address 11713 S VICTORY RD

City
HAVENState
KSZip Code
67543-8079Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

400.00

Transaction ID : B05F1D3B7E775477BBCF

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

680.80

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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20a	20b	20c	21

Any information copied from such Reports and Statements 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.

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. LES WILLIAMSON LLC

Mailing Address PO BOX 60148

City
WASHINGTONState
DCZip Code
20039-0148Purpose of Disbursement
COMPLIANCE CONSULTING / SHIPPING / EVENT SUPPLIES

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2021			

FEC Identification Number

C

Amount of Each Disbursement this Period

1521.84

Transaction ID : BB7C05D64B2B840E6A47

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. THE STANTON GROUP, LLC

Mailing Address 3410 ALABAMA AVE

City
ALEXANDRIAState
VAZip Code
22305-1736Purpose of Disbursement
FUNDRAISING CONSULTING & EXPENSES

003

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2021			

FEC Identification Number

C

Amount of Each Disbursement this Period

4542.52

Transaction ID : B8B20F3AB5502445AABB

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WIN RED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22209-2515Purpose of Disbursement
PROCESSING FEES

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			03			2021			

FEC Identification Number

C

Amount of Each Disbursement this Period

19.30

Transaction ID : BFCBDDFB18890496DB82

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6083.66

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
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NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. WIN RED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22209-2515Purpose of Disbursement
PROCESSING FEES

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
12	06	2021

FEC Identification Number

C

Amount of Each Disbursement this Period

19.30

Transaction ID : B5BA44A6969FE46978DA

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MAILCHIMPMailing Address 675 PONCE DE LEON AVE NE
STE 5000City
ATLANTAState
GAZip Code
30308-2172Purpose of Disbursement
SUBSCRIPTIONS

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
12	06	2021

FEC Identification Number

C

Amount of Each Disbursement this Period

249.96

Transaction ID : B4C54F8E3321341B0B08

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WIN RED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22209-2515Purpose of Disbursement
PROCESSING FEES

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
12	10	2021

FEC Identification Number

C

Amount of Each Disbursement this Period

2.20

Transaction ID : BCB6DB97435AD483F96D

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

271.46

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
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NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. DODGE CITY AREA CHAMBER OF COMMERCE

Mailing Address PO BOX 939

Date of Disbursement

M M	D D	Y Y Y Y
12	13	2021

City
DODGE CITYState
KSZip Code
67801-0939Purpose of Disbursement
CIVIC ASSOCIATION MEMBERSHIP FEES

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

336.00

Transaction ID : B163C0CCF5FA4474BA31

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WIN RED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530

Date of Disbursement

M M	D D	Y Y Y Y
12	14	2021

City
ARLINGTONState
VAZip Code
22209-2515Purpose of Disbursement
PROCESSING FEES

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

115.60

Transaction ID : B3F98A702D50E45E3B85

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WIN RED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530

Date of Disbursement

M M	D D	Y Y Y Y
12	15	2021

City
ARLINGTONState
VAZip Code
22209-2515Purpose of Disbursement
PROCESSING FEES

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

9.80

Transaction ID : BF9EF31F06869460BB56

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

461.40

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☒ 17	☐ 18	☐ 19a	☐ 19b
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NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. WIN RED TECHNICAL SERVICES LLC

Date of Disbursement

M M	D D	Y Y Y Y
12	17	2021

Mailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22209-2515Purpose of Disbursement
PROCESSING FEES

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

208.90

Transaction ID : B21B7081D178E4C7496E

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WIN RED TECHNICAL SERVICES LLC

Date of Disbursement

M M	D D	Y Y Y Y
12	20	2021

Mailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22209-2515Purpose of Disbursement
PROCESSING FEES

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

19.30

Transaction ID : BB41AAD9D98A14334BA9

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WIN RED TECHNICAL SERVICES LLC

Date of Disbursement

M M	D D	Y Y Y Y
12	21	2021

Mailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22209-2515Purpose of Disbursement
PROCESSING FEES

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

57.60

Transaction ID : B8D11ECD0E977476CA7F

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

285.80

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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☒ 17	☐ 18	☐ 19a	☐ 19b
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NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. WIN RED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22209-2515Purpose of Disbursement
PROCESSING FEES

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
12	22	2021

FEC Identification Number

C

Amount of Each Disbursement this Period

19.30

Transaction ID : B5694573778BB4CAA8F9

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SINGULARIS GROUP

Mailing Address PO BOX 9265

City
SHAWNEE MISSIONState
KSZip Code
66201-1865Purpose of Disbursement
PRINTING/PRODUCTION/POSTAGE

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
12	24	2021

FEC Identification Number

C

Amount of Each Disbursement this Period

3252.36

Transaction ID : BF21CC53544AF4778A1E

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WIN RED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22209-2515Purpose of Disbursement
PROCESSING FEES

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
12	27	2021

FEC Identification Number

C

Amount of Each Disbursement this Period

1.37

Transaction ID : BA8F959482CE546E8A46

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3273.03

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. WIN RED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22209-2515Purpose of Disbursement
PROCESSING FEES

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
12	29	2021

FEC Identification Number

C

Amount of Each Disbursement this Period

110.50

Transaction ID : BCB05BC54BA5E44EA90E

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CARDMEMBER SERVICE

Mailing Address PO BOX 1423

City
CHARLOTTEState
NCZip Code
28201-1423Purpose of Disbursement
CREDIT CARD PAYMENT: SEE BELOW

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
11	05	2021

FEC Identification Number

C

Amount of Each Disbursement this Period

3286.03

Transaction ID : BB085BBCB423B4027B27

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AMAZON.COM

Mailing Address 440 TERRY AVE N

City
SEATTLEState
WAZip Code
98109-5210Purpose of Disbursement
FOOD/BEVERAGE

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
05	12	2021

FEC Identification Number

C

Amount of Each Disbursement this Period

79.98

Transaction ID : B0F5A8EE679D14C0B874

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3396.53

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
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NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. AMAZON.COM

Mailing Address 440 TERRY AVE N

City
SEATTLEState
WAZip Code
98109-5210Purpose of Disbursement
FOOD/BEVERAGE

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
06	24	2021

FEC Identification Number

C

Amount of Each Disbursement this Period

20.68

Transaction ID : B68407837C1054002B28

☒ Memo Item**B. AMAZON.COM**

Mailing Address 440 TERRY AVE N

City
SEATTLEState
WAZip Code
98109-5210Purpose of Disbursement
OFFICE SUPPLIES

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
07	07	2021

FEC Identification Number

C

Amount of Each Disbursement this Period

20.93

Transaction ID : BED784C3F823547249DA

☒ Memo Item**C. WASHINGTON NATIONALS**

Mailing Address 1500 S CAPITOL ST SE

City
WASHINGTONState
DCZip Code
20003-3599Purpose of Disbursement
CONGRESSIONAL BASEBALL GAME TICKETS

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
09	24	2021

FEC Identification Number

C

Amount of Each Disbursement this Period

218.00

Transaction ID : B4CFDCF4C37C744E29A3

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☒ 17	☐ 18	☐ 19a	☐ 19b
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NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. US HOUSE GIFT SHOP

Mailing Address LONGWORTH BLDG

City
WASHINGTONState
DCZip Code
20515-0001Purpose of Disbursement
MEMORABILIA: ORNAMENTS, CUFFLINKS, PAPERWEIGHT

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
10	18	2021

FEC Identification Number

C

Amount of Each Disbursement this Period

138.00

Transaction ID : B5CE13C1F9F0846DC835

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. US HOUSE GIFT SHOP

Mailing Address LONGWORTH BLDG

City
WASHINGTONState
DCZip Code
20515-0001Purpose of Disbursement
MEMORABILIA: CUFFLINKS/COINS

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
10	20	2021

FEC Identification Number

C

Amount of Each Disbursement this Period

70.35

Transaction ID : BD58EF9F07AB749FEB26

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. COSTCO WHOLESALE

Mailing Address 2441 MARKET ST NE

City
WASHINGTONState
DCZip Code
20018-3840Purpose of Disbursement
FOOD/BEVERAGE

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
10	22	2021

FEC Identification Number

C

Amount of Each Disbursement this Period

228.33

Transaction ID : B3009426928C945379D0

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. US HOUSE GIFT SHOP

Mailing Address LONGWORTH BLDG

City
WASHINGTONState
DCZip Code
20515-0001Purpose of Disbursement
MEMORABILIA: BABY GIFTS

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2021			

FEC Identification Number

C

Amount of Each Disbursement this Period

75.30

Transaction ID : BBA32398272C64BD2ADD

☒ Memo Item**B. US HOUSE GIFT SHOP**

Mailing Address LONGWORTH BLDG

City
WASHINGTONState
DCZip Code
20515-0001Purpose of Disbursement
MEMORABILIA: ORNAMENTS

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2021			

FEC Identification Number

C

Amount of Each Disbursement this Period

1730.00

Transaction ID : BD0C0D40808394069BB1

☒ Memo Item**C. WE THE PIZZA**

Mailing Address 305 PENNSYLVANIA AVE. SE

City
WASHINGTONState
DCZip Code
20003-1148Purpose of Disbursement
FOOD/BEVERAGE

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2021			

FEC Identification Number

C

Amount of Each Disbursement this Period

94.80

Transaction ID : B79D623549E1C4E0AA62

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. MANN, TRACEY, ROBERT, ,

Date of Disbursement

M M	D D	Y Y Y Y
12	13	2021

Mailing Address PO BOX 1084

City
SALINAState
KSZip Code
67402-1084Purpose of Disbursement
REIMBURSEMENT

002

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

1244.88

Transaction ID : BBE32D7926CAA4312B4E

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Date of Disbursement

M M	D D	Y Y Y Y
10	25	2021

Mailing Address 1 SKYVIEW DR

City
FORT WORTHState
TXZip Code
76155-1801Purpose of Disbursement
AIRFARE

002

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

595.40

Transaction ID : B022C551CDA1C494DBE3

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Date of Disbursement

M M	D D	Y Y Y Y
10	25	2021

Mailing Address 1 SKYVIEW DR

City
FORT WORTHState
TXZip Code
76155-1801Purpose of Disbursement
AIRFARE

002

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

27.72

Transaction ID : BA1670FC657584E468A2

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1244.88

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. DWIGHT D. EISENHOWER NATIONAL AIRPORT

Mailing Address 2277 EISENHOWER AIRPORT ROAD

City
WICHITAState
KSZip Code
67209Purpose of Disbursement
PARKING

002

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		02		2021

FEC Identification Number

C

Amount of Each Disbursement this Period

48.00

Transaction ID : BCD338CF7B2DF4BA6AE4

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. MANN, TRACEY, ROBERT, ,

Mailing Address PO BOX 1084

City
SALINAState
KSZip Code
67402-1084Purpose of Disbursement
MILEAGE REIMBURSEMENT

002

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		04		2021

FEC Identification Number

C

Amount of Each Disbursement this Period

107.52

Transaction ID : BA0B715394B9D48BAB4A

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. MANN, TRACEY, ROBERT, ,

Mailing Address PO BOX 1084

City
SALINAState
KSZip Code
67402-1084Purpose of Disbursement
MILEAGE REIMBURSEMENT

002

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		10		2021

FEC Identification Number

C

Amount of Each Disbursement this Period

213.92

Transaction ID : BFE4BCEF21A1B4CE297F

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CARDMEMBER SERVICE

Mailing Address PO BOX 1423

Date of Disbursement

M M	D D	Y Y Y Y
12	15	2021

City
CHARLOTTEState
NCZip Code
28201-1423

FEC Identification Number

C

Purpose of Disbursement
CREDIT CARD PAYMENT: SEE BELOW

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2280.32

Transaction ID : B707FCFF7E2144B17A41

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. US HOUSE GIFT SHOP

Mailing Address LONGWORTH BLDG

Date of Disbursement

M M	D D	Y Y Y Y
11	17	2021

City
WASHINGTONState
DCZip Code
20515-0001

FEC Identification Number

C

Purpose of Disbursement
MEMORABILIA: ORNAMENTS/COINS

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

303.10

Transaction ID : B600D7083D67A4F5C886

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. WE THE PIZZA

Mailing Address 305 PENNSYLVANIA AVE. SE

Date of Disbursement

M M	D D	Y Y Y Y
11	17	2021

City
WASHINGTONState
DCZip Code
20003-1148

FEC Identification Number

C

Purpose of Disbursement
FOOD/BEVERAGE

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

145.60

Transaction ID : B66146A807B914279B70

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

2280.32

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 82 OF 157

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. US HOUSE GIFT SHOP

Mailing Address LONGWORTH BLDG

City
WASHINGTONState
DCZip Code
20515-0001Purpose of Disbursement
MEMORABILIA: ORNAMENTS

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
12	10	2021

FEC Identification Number

C

Amount of Each Disbursement this Period

866.00

Transaction ID : BB03D5BE14B4B4BAC9AB

☒ Memo Item**B. COSTCO WHOLESALE**

Mailing Address 2441 MARKET ST NE

City
WASHINGTONState
DCZip Code
20018-3840Purpose of Disbursement
FOOD/BEVERAGE/SUPPLIES

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
12	10	2021

FEC Identification Number

C

Amount of Each Disbursement this Period

214.46

Transaction ID : B678AC4D515C84ABD8C8

☒ Memo Item**C. US POSTAL SERVICE**Mailing Address 15 INDEPENDENCE AVE SE
RM B202City
WASHINGTONState
DCZip Code
20515-9992Purpose of Disbursement
POSTAGE

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
12	13	2021

FEC Identification Number

C

Amount of Each Disbursement this Period

589.58

Transaction ID : B0765C08DF8E848F4A42

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

28561.79

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 83 OF 157

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

Transaction ID : C0D47264CD03244AEA27

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

MANN, TRACEY, ROBERT, ,

Election: 2010

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
PO BOX 1084

City

SALINA

State

KS

ZIP Code

67402-1084

☒ Personal Funds of the Candidate

Original Amount of Loan

25000.00

Cumulative Payment To Date

22500.00

Balance Outstanding at Close of This Period

2500.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 07^MD 27^D

Y 2010 Y

M M

D D

Y NONE Y

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

2500.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 84 OF 157

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

Transaction ID : C15B7E97744F14A35B5B

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item**MANN, TRACEY, ROBERT, ,**

Election: 2020

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
PO BOX 1084

City

SALINA

State

KS

ZIP Code

67402-1084

☒ Personal Funds of the Candidate

Original Amount of Loan

100000.00

Cumulative Payment To Date

49800.00

Balance Outstanding at Close of This Period

50200.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 07^MD 29^D

Y 2020 Y

M M

D D

Y NONE Y

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

50200.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 85 OF 157

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
MANN FOR CONGRESS

Transaction ID : C2B582E9910F846EDA46

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item**MANN, TRACEY, ROBERT, ,**

Election: 2010

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
PO BOX 1084

City

SALINA

State

KS

ZIP Code

67402-1084

☒ Personal Funds of the Candidate

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 07 M

D 13 D

Y 2010 Y

M M

D D

Y NONE Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

100000.00

TOTALS This Period (last page in this line only).....▶

152700.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 86 OF 157

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

PO BOX RENTAL- TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

44.00

Transaction ID : D2E6BAF9871A1453D8BF

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

44.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

CANDIDATE'S CAMPAIGN CELL PHONE -
TO BE REIMBURSED

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

283.87

Transaction ID : D5CDFDB697A784E0597B

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

283.87

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

WEBSITE PRODUCTION - TO BE
REIMBURSED

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

2050.00

Transaction ID : D254BB99CF53344D7900

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2050.00

1) **SUBTOTALS** This Period This Page (optional)

2377.87

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 87 OF 157

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

PHOTOS FOR CAMPAIGN WEBSITE - TO
BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

800.00

Transaction ID : D60F37C2D9C2944B0949

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

800.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

URLS FOR WEBSITE - TO BE REIMBURSED

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

418.73

Transaction ID : DFB91A88084EE42BE9F6

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

418.73

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

STOCK IMAGES FOR WEBSITE - TO BE
REIMBURSED

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

35.00

Transaction ID : D10E4590B19DD4AAB9B3

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

35.00

1) **SUBTOTALS** This Period This Page (optional)

1253.73

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 88 OF 157

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

SERVICE FOR CAMPAIGN PHONE - TO BE REIMBURSED

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

148.98

Transaction ID : D131AB75D05A747C8A6B

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

148.98

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

CELLPHONE FOR PRIMARY CAMPAIGN
PHONE - TO BE REIMBURSED

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

274.63

Transaction ID : D5347D73D60B344CAA8B

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

274.63

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

SHIPPING DATA TO WEB DEVELOPER FOR
WEBSITE - TO BE REIMBURSED

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

45.31

Transaction ID : D32A1661A199E4B46B42

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

45.31

1) **SUBTOTALS** This Period This Page (optional)

468.92

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 89 OF 157

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

CAMPAIGN PHONE CHARGES - TO BE REIMBURSED

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

253.79

Transaction ID : D8F2CE36BEA3F496A84E

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

253.79

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

PRINTED CAMPAIGN MATERIALS - TO BE REIMBURSED

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

519.86

Transaction ID : DC2583C5DFEFA4C6580A

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

519.86

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

PRINTED MATERIALS - TO BE REIMBURSED

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

176.63

Transaction ID : D09C56F8429854392B2C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

176.63

1) **SUBTOTALS** This Period This Page (optional)

950.28

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 90 OF 157

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

WEBSITE HOSTING - TO BE REIMBURSED

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

167.40

Transaction ID : D186CA21241EE4A08A3D

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

167.40

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

FAX LINE - TO BE REIMBURSED

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

125.57

Transaction ID : DAF5F8D4A75A7439C9EE

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

125.57

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

CONSTANT CONTACT EMAIL SUPPORT
FEE - TO BE REIMBURSED

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

81.00

Transaction ID : D54EFD6BD2DFB4BD4980

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

81.00

1) **SUBTOTALS** This Period This Page (optional)

373.97

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 91 OF 157

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

TRAVEL EXPENSES- TO BE REIMBURSED

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

238.78

Transaction ID : DE028D1A437B74B7B8BB

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

238.78

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

CAMPAIGN PHONE CHARGES - TO BE REIMBURSED

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

313.27

Transaction ID : D06D82C6D22D3431C9C7

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

313.27

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

PRINTED MATERIALS - TO BE REIMBURSED

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

804.54

Transaction ID : D2630561BAEB04A86811

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

804.54

1) **SUBTOTALS** This Period This Page (optional)

1356.59

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 92 OF 157

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

POSTAGE - TO BE REIMBURSED

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

504.00

Transaction ID : DE2C914E975354573A5C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

504.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

FAX PHONE LINE - TO BE REIMBURSED

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

21.77

Transaction ID : D67A05D8C08EF445AAFB

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

21.77

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

PRINTED MATERIALS - TO BE
REIMBURSED

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

101.84

Transaction ID : D75F2D07EBBEE443BB73

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

101.84

1) **SUBTOTALS** This Period This Page (optional)

627.61

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

CAMPAIGN PHONES - TO BE REIMBURSED

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

283.57

Transaction ID : DB59E9F964BD7426092E

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

283.57

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

PRINTED MATERIALS - TO BE
REIMBURSED

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

455.60

Transaction ID : D312FDC958D6746A7AD4

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

455.60

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

PHONE CHARGES - TO BE REIMBURSED

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

283.57

Transaction ID : DA9DE9BA04DDC4DBF988

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

283.57

1) **SUBTOTALS** This Period This Page (optional)

1022.74

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

FAX LINE - TO BE REIMBURSED

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

159.46

Transaction ID : DEB173BCEA90A4187AD7

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

159.46

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

FUNDRAISER FOOD - TO BE REIMBURSED

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

248.34

Transaction ID : D20EA9BC839A9456582D

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

248.34

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

BUMPER STICKERS- TO BE REIMBURSED

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

491.32

Transaction ID : D3A81952D1875481391B

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

491.32

1) **SUBTOTALS** This Period This Page (optional)

899.12

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

GAS - TO BE REIMBURSED

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

47.86

Transaction ID : D372935A0967243D98C4

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

47.86

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

PARADE SIGNAGE EQUIPMENT- TO BE REIMBURSED

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

19.58

Transaction ID : DA88B5F5372424636A1E

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

19.58

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

PARADE SIGNAGE EQUIPMENT- TO BE REIMBURSED

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

9.77

Transaction ID : D3CBA70981F9C45D9A50

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9.77

1) **SUBTOTALS** This Period This Page (optional)

77.21

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

GAS- TO BE REIMBURSED

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

40.89

Transaction ID : DA73A00E72E0C43C0A9F

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

40.89

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

GAS- TO BE REIMBURSED

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

41.10

Transaction ID : D6F6CA9CF12804AD4902

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

41.10

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

CAMPAIGN PHONES- TO BE REIMBURSED

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

285.04

Transaction ID : D5B7CDDA52F9242D7AFB

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

285.04

1) **SUBTOTALS** This Period This Page (optional)

367.03

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

FAX LINE- TO BE REIMBURSED

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

21.62

Transaction ID : D7A11462C5E854391AA6

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

21.62

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

INK- TO BE REIMBURSED

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

160.78

Transaction ID : DF7C0DABF70A741CDB01

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

160.78

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

GAS- TO BE REIMBURSED

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

25.00

Transaction ID : DA3CADFFF7E414D2BBFA

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

25.00

1) **SUBTOTALS** This Period This Page (optional)

207.40

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

CAMPAIGN PHONES- TO BE REIMBURSED

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

285.04

Transaction ID : DD7CC7E2A605149EBA82

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

285.04

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

POSTAGE- TO BE REIMBURSED

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

836.00

Transaction ID : D8D36E893B096438F825

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

836.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

EVENT TABLE CLOTH- TO BE
REIMBURSED

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

277.90

Transaction ID : D85A6E8AAB435496CA41

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

277.90

1) **SUBTOTALS** This Period This Page (optional)

1398.94

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

LETTERHEAD, ENVELOPES- TO BE REIMBURSED

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

1229.58

Transaction ID : D51B16AF95AA04DA5A2E

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1229.58

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

EVENT PROMOTIONAL MATERIALS- TO BE REIMBURSED

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

278.50

Transaction ID : D627BB903B5844D0DA39

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

278.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

T-SHIRTS- TO BE REIMBURSED

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

702.85

Transaction ID : DA35175AB42EC4D03A45

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

702.85

1) **SUBTOTALS** This Period This Page (optional)

2210.93

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

BUMPER STICKERS- TO BE REIMBURSED

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

1808.29

Transaction ID : D57D0B48C2C3C457F8C1

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1808.29

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

POSTAGE- TO BE REIMBURSED

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

132.00

Transaction ID : DE58B93E375124D3D808

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

132.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

INK- TO BE REIMBURSED

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

51.03

Transaction ID : D94AB9386E83B4014915

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

51.03

1) **SUBTOTALS** This Period This Page (optional)

1991.32

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

CAMPAIGN PHONES- TO BE REIMBURSED

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

285.04

Transaction ID : DBEFD8AADCC6C481F84C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

285.04

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

CAMPAIGN PHONES- TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

284.50

Transaction ID : DF653D89D7D7C4F549AE

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

284.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

GAS- TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

56.74

Transaction ID : DA6E11354E9024032B0F

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

56.74

1) **SUBTOTALS** This Period This Page (optional)

626.28

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

HOTEL- TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

99.48

Transaction ID : D76D3C562E8204138948

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

99.48

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

GAS- TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

47.00

Transaction ID : D289C6E276640448FAFD

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

47.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

GAS- TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

31.06

Transaction ID : D755BD1AA014245CBAD0

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

31.06

1) **SUBTOTALS** This Period This Page (optional)

177.54

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

GAS- TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

56.73

Transaction ID : D19FBC05295974C0EA93

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

56.73

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

POSTAGE- TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

1144.00

Transaction ID : DBC6E18F3FA224F8299A

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1144.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

COPY PAPER- TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

28.92

Transaction ID : D63CA6BE7540443CF8DB

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

28.92

1) **SUBTOTALS** This Period This Page (optional)

1229.65

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

CAMPAIGN PHONES- TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

266.61

Transaction ID : DD5409165F5024D47BBC

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

266.61

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

CAMPAIGN PHONES SERVICE, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

266.61

Transaction ID : DC7F490CEDBA343D2A7A

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

266.61

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN FOR CONGRESS

Nature of Debt (Purpose):

SHIPPING- TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

20.90

Transaction ID : DF8846C3B882E468EBC4

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20.90

1) **SUBTOTALS** This Period This Page (optional)

554.12

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

EMAIL SERVICE, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City
SALINAState
KSZip Code
67402-1084

Outstanding Balance Beginning This Period

36.86

Transaction ID : D816549A65E6A4249A81

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

36.86

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

FAX LINE- TO BE REIMBURSED.

Mailing Address PO BOX 1084

City
SALINAState
KSZip Code
67402-1084

Outstanding Balance Beginning This Period

21.62

Transaction ID : D65FFD3A9932B4CEE86D

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

21.62

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

HOTEL- TO BE REIMBURSED

Mailing Address PO BOX 1084

City
SALINAState
KSZip Code
67402-1084

Outstanding Balance Beginning This Period

99.25

Transaction ID : D0A42DC86B7F249D89E7

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

99.25

1) **SUBTOTALS** This Period This Page (optional)

157.73

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

GAS, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

35.00

Transaction ID : DCA784B49B6FD4B42BA3

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

35.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

GAS, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

57.80

Transaction ID : DC334393B2C964320822

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

57.80

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

HOTEL, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

75.42

Transaction ID : D005A73AE523D49F88A4

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

75.42

1) **SUBTOTALS** This Period This Page (optional)

168.22

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

GAS, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

40.25

Transaction ID : D87D181A6C014443B839

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

40.25

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

CAMPAIGN PHONES SERVICE, TO BE
REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

267.07

Transaction ID : DEA302847C2364A40AD7

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

267.07

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

GAS, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

19.86

Transaction ID : D96504CB1E0FD4052B14

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

19.86

1) **SUBTOTALS** This Period This Page (optional)

327.18

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

CAMPAIGN MANAGER COMMUNICATIONS
SERVICE, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

176.41

Transaction ID : DAED25CB0D2C4022834

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

176.41

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

GAS, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

53.11

Transaction ID : D7534E64A796340C19B5

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

53.11

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

FOOD FOR KS DAYS RECEPTION, TO BE
REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

27.34

Transaction ID : D5E3A540531B94248ADB

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

27.34

1) **SUBTOTALS** This Period This Page (optional)

256.86

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 109 OF 157

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

HOTEL, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

136.73

Transaction ID : D7711D300ED43456A978

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

136.73

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

AIRFARE, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

500.58

Transaction ID : DEB65F9734AE7493FADC

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.58

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

POSTAGE, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

44.00

Transaction ID : D8623C55DE0F64B3F944

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

44.00

1) **SUBTOTALS** This Period This Page (optional)

681.31

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

HOTEL, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City
SALINAState
KSZip Code
67402-1084

Outstanding Balance Beginning This Period

71.40

Transaction ID : D06AE423C889042AF993

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

71.40

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

GAS, TO BE REIMBURSED. SEE SCHED. D.

Mailing Address PO BOX 1084

City
SALINAState
KSZip Code
67402-1084

Outstanding Balance Beginning This Period

41.00

Transaction ID : D8BDAC064C429416587A

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

41.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

GAS, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City
SALINAState
KSZip Code
67402-1084

Outstanding Balance Beginning This Period

55.00

Transaction ID : DC141B049ABAB4E30A16

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

55.00

1) **SUBTOTALS** This Period This Page (optional)

167.40

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

HOTEL, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

84.32

Transaction ID : D4AFB6A2DAD8E4F5695F

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

84.32

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

WIRELESS ROUTER, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

53.57

Transaction ID : D2B69129639EA44C0836

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

53.57

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

GAS, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

21.01

Transaction ID : D3ED9EC8A20034111915

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

21.01

1) **SUBTOTALS** This Period This Page (optional)

158.90

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

HOTEL, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

90.02

Transaction ID : D735BBFB1D60C412382F

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

90.02

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

FAX LINE, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

21.62

Transaction ID : D9465FFF445F14D58944

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

21.62

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

CAMPAIGN PHONES SERVICE, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

267.07

Transaction ID : DAF17A2281AA84335A80

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

267.07

1) **SUBTOTALS** This Period This Page (optional)

378.71

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

FUNDRAISER INVITATIONS, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

218.69

Transaction ID : DC5DFDE364E7C415680C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

218.69

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

TONER, MAILING AND OFFICE SUPPLIES, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

227.73

Transaction ID : DFA15AC7547E641E4A40

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

227.73

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

POSTAGE, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

1488.00

Transaction ID : DD4F71D76B6614AE4AE1

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1488.00

1) **SUBTOTALS** This Period This Page (optional)

1934.42

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

AIRFARE, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

154.70

Transaction ID : DE9FF2B114E824086843

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

154.70

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

CAMPAIGN MANAGER COMMUNICATIONS
SERVICE, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

137.79

Transaction ID : DD2FAE09F50AF43B4B43

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

137.79

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

AIRFARE, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

154.70

Transaction ID : D38DB14A229A743A4BE4

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

154.70

1) **SUBTOTALS** This Period This Page (optional)

447.19

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

OFFICE MAP BOARD, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

17.13

Transaction ID : D1C35A75EE8D14719A17

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

17.13

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

OFFICE BINDERS AND TAPE, TO BE
REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

17.35

Transaction ID : DB05B0C3CAFE44721BD2

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

17.35

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

CAR RENTAL, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

96.52

Transaction ID : D9E3507B5A1B9428C9B0

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

96.52

1) **SUBTOTALS** This Period This Page (optional)

131.00

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

FAX LINE, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

21.62

Transaction ID : DF6A338319C8843129F9

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

21.62

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

LETTER TRAYS, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

25.71

Transaction ID : D264BF2AE7BC64733925

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

25.71

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

DRY ERASE SUPPLIES, TO BE
REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

17.99

Transaction ID : D467A558EA97F42C19B9

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

17.99

1) **SUBTOTALS** This Period This Page (optional)

65.32

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 117 OF 157

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

OFFICE SUPPLIES, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

9.32

Transaction ID : D8CE145C1717243E08D6

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9.32

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

PHOTO TRANSFER TO DVD, TO BE
REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

13.94

Transaction ID : DEA1739EA9F074E8CADC

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

13.94

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

CAMPAIGN PHONES SERVICE, TO BE
REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

267.07

Transaction ID : DA4A4A0144E434A2189C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

267.07

1) **SUBTOTALS** This Period This Page (optional)

290.33

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

TONER, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

99.68

Transaction ID : DD2982AE2B97B49549AE

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

99.68

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

TONER AND OFFICE SUPPLIES, TO BE
REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

62.10

Transaction ID : D004A6AEB9BD648708C2

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

62.10

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

TONER, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

68.59

Transaction ID : DA20A5B5247D3412E9A2

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

68.59

1) **SUBTOTALS** This Period This Page (optional)

230.37

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 119 OF 157

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

CAMPAIGN HEADQUARTERS OFFICE
SUPPLIES, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City
SALINAState
KSZip Code
67402-1084

Outstanding Balance Beginning This Period

13.76

Transaction ID : D1F92CCF38C8F496FB0D

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

13.76

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

GAS, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City
SALINAState
KSZip Code
67402-1084

Outstanding Balance Beginning This Period

30.57

Transaction ID : D634990D0B9A34E8CA7F

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

30.57

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

FOOD FOR ROLL OUT TOUR, TO BE
REIMBURSED.

Mailing Address PO BOX 1084

City
SALINAState
KSZip Code
67402-1084

Outstanding Balance Beginning This Period

213.34

Transaction ID : DE14E43FE0AA8429C83D

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

213.34

1) **SUBTOTALS** This Period This Page (optional)

257.67

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

POSTAGE, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

19.10

Transaction ID : D97EBA36620414C7284A

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

19.10

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

GAS, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

50.90

Transaction ID : D5016D6562C64479383A

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

50.90

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

GAS, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

25.00

Transaction ID : D53A9814A14D34F8F8E5

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

25.00

1) **SUBTOTALS** This Period This Page (optional)

95.00

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 121 OF 157

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

FOOD FOR TOUR, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

87.78

Transaction ID : D29B970E7A404476BAAD

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

87.78

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

FOOD FOR ROLLOUT TOUR, TO BE
REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

46.10

Transaction ID : D78B68F025CE84C39B5A

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

46.10

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

FUEL FOR ROLLOUT TOUR, TO BE
REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

40.00

Transaction ID : DCB02A2163DB34295BAC

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

40.00

1) **SUBTOTALS** This Period This Page (optional)

173.88

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

FOOD FOR ROLLOUT TOUR, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

89.91

Transaction ID : D55B7585FF9794307928

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

89.91

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

FOOD FOR ROLLOUT TOUR, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

167.35

Transaction ID : DFA27272133C347B4A56

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

167.35

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

FUEL FOR ROLLOUT TOUR, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

35.00

Transaction ID : DF5BB37DC057A40FAACE

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

35.00

1) **SUBTOTALS** This Period This Page (optional)

292.26

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

POSTAGE, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

11.40

Transaction ID : D8901AB9B9F0645DAA03

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11.40

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

GAS, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

60.00

Transaction ID : D9FBFDB252C664DF2B91

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

60.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

PARKING, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

4.00

Transaction ID : DFB2DBD1FBBF04277B42

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4.00

1) **SUBTOTALS** This Period This Page (optional)

75.40

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

EMAIL SERVICE, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

42.12

Transaction ID : D8D337B7720E94E99A33

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

42.12

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

AIRLINE TICKET, TO BE REIMBURSED.
SEE SCHED. D.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

561.40

Transaction ID : DC9814364033B484DA49

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

561.40

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

MAILERS, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

356.33

Transaction ID : DDBB2704FAD544E2295E

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

356.33

1) **SUBTOTALS** This Period This Page (optional)

959.85

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

FAX LINE, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

21.62

Transaction ID : D293293DF5B594CB8A10

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

21.62

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

POSTAGE, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

264.00

Transaction ID : D5BFB7A9727984944883

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

264.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

HOTEL, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

121.59

Transaction ID : D681B76B2BD04430FBB0

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

121.59

1) **SUBTOTALS** This Period This Page (optional)

407.21

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

GAS, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

70.00

Transaction ID : D818CB1A91E6A4B0DA9B

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

70.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

ENVELOPES, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

17.15

Transaction ID : D9C711BE16B3046F6BF1

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

17.15

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

TONER, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

111.47

Transaction ID : D597298833E264F92852

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

111.47

1) **SUBTOTALS** This Period This Page (optional)

198.62

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

DUPLICATE CD OF PHOTO IMAGES

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

50.00

Transaction ID : D62A33616E5B646D790C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

50.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

CAMPAIGN PHONES SERVICE, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

270.67

Transaction ID : D80E7431C055944C5A9F

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

270.67

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

TONER AND PAPER, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

57.52

Transaction ID : D6A816A89FAE547D9BBC

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

57.52

1) **SUBTOTALS** This Period This Page (optional)

378.19

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

AIRLINE TICKETS, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

518.80

Transaction ID : D4251123BE99048C3B6B

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

518.80

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

GAS, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

47.00

Transaction ID : DB716DFEAFDA547E39DE

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

47.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

POSTAGE, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

88.00

Transaction ID : DF06685B5AF354EC98E7

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

88.00

1) **SUBTOTALS** This Period This Page (optional)

653.80

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 129 OF 157

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

FAX LINE, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

21.62

Transaction ID : D37AAE9DF3A934D48B3C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

21.62

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

FOOD FOR TOUR, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

33.13

Transaction ID : D21BDF9E010A64CD38D7

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

33.13

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

FOOD FOR TOUR, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

85.03

Transaction ID : D28BB242B490746B88AD

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

85.03

1) **SUBTOTALS** This Period This Page (optional)

139.78

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

FOOD FOR TEAM LUNCH, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City
SALINAState
KSZip Code
67402-1084

Outstanding Balance Beginning This Period

64.89

Transaction ID : D67A1D51A281243DA91D

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

64.89

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

YARD SIGNS, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City
SALINAState
KSZip Code
67402-1084

Outstanding Balance Beginning This Period

2974.42

Transaction ID : D2973EB0F4B8C436E878

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2974.42

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

GAS, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City
SALINAState
KSZip Code
67402-1084

Outstanding Balance Beginning This Period

40.00

Transaction ID : DD7D1AE919C3C4079B31

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

40.00

1) **SUBTOTALS** This Period This Page (optional)

3079.31

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 131 OF 157

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

POSTAGE, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

44.00

Transaction ID : D1FFC5BC03BEF4115B3C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

44.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

CAMPAIGN PHONES SERVICE, TO BE
REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

268.37

Transaction ID : DDE8689F24F264735AA0

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

268.37

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

GAS, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

60.14

Transaction ID : DB6DC55550E8A4ABBAFD

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

60.14

1) **SUBTOTALS** This Period This Page (optional)

372.51

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 132 OF 157

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

POSTAGE, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

264.00

Transaction ID : D9561AEFE83AC48909F3

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

264.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

INK CARTRIDGES, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

72.20

Transaction ID : DF973BC8715D44BB9A83

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

72.20

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

GAS, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

40.00

Transaction ID : DED6A60ECC4D24A3A8F7

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

40.00

1) **SUBTOTALS** This Period This Page (optional)

376.20

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 133 OF 157

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

GAS, TO BE REIMBURSED. SEE SCHED. D.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

42.65

Transaction ID : DF679E6D92D71457DAF0

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

42.65

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

GAS, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

55.99

Transaction ID : D9A9B4392E722465CB6A

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

55.99

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

HOTEL, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

61.65

Transaction ID : DAC23A8DA87CE4045B58

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

61.65

1) **SUBTOTALS** This Period This Page (optional)

160.29

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 134 OF 157

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

HOTEL, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

122.82

Transaction ID : DF089699D793740CCB5F

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

122.82

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

POSTAGE, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

88.00

Transaction ID : DC0BBF32109E94225843

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

88.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

HOTEL, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

59.34

Transaction ID : DEE9DD4E515A14B5C8BE

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

59.34

1) **SUBTOTALS** This Period This Page (optional)

270.16

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 135 OF 157

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

GAS, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

56.00

Transaction ID : D739DEF6C940D4978BA7

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

56.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

GAS, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

31.61

Transaction ID : D54E84BA2921847C29E0

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

31.61

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

GAS, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

53.64

Transaction ID : D713DC80984334F9591C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

53.64

1) **SUBTOTALS** This Period This Page (optional)

141.25

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 136 OF 157

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

4X8 SIGNS, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

1325.63

Transaction ID : D2A793527AEBD4962876

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1325.63

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

GAS, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

50.00

Transaction ID : DBCE3EC13098D4EFC82E

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

50.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

GAS, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

46.26

Transaction ID : D4A924BA1E30247D88B6

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

46.26

1) **SUBTOTALS** This Period This Page (optional)

1421.89

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 137 OF 157

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

GAS, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

53.00

Transaction ID : D405801DE1F89404FAFB

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

53.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

GAS, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

60.53

Transaction ID : D5AFB9F0F7B4E4E79857

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

60.53

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

GAS, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

37.80

Transaction ID : D2FB6FFB0DE33409D9F5

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

37.80

1) **SUBTOTALS** This Period This Page (optional)

151.33

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

FAX LINE, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

21.62

Transaction ID : D8EC88519E0974E3AA7A

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

21.62

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

GAS, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

55.18

Transaction ID : DE961D25A4222457880C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

55.18

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

POSTAGE AND COPY PAPER, TO BE
REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

219.10

Transaction ID : DE7DEF78AB7CF49CF8F8

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

219.10

1) **SUBTOTALS** This Period This Page (optional)

295.90

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

YARD SIGNS, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

2704.83

Transaction ID : D666DCF6FB7EC4BC2842

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2704.83

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

GAS, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

46.55

Transaction ID : DF1DCF4ECA69242CBB7D

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

46.55

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

HOTEL, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

124.81

Transaction ID : D55553B4BED0946009EC

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

124.81

1) **SUBTOTALS** This Period This Page (optional)

2876.19

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

GAS, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

52.04

Transaction ID : D446CA1FC90274BE288B

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

52.04

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

CAMPAIGN PHONES SERVICE, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

268.37

Transaction ID : DF0041BF79BC54207A0F

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

268.37

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

HOTEL, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

111.97

Transaction ID : D5896967B57CE4D928B4

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

111.97

1) **SUBTOTALS** This Period This Page (optional)

432.38

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

GAS, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

54.11

Transaction ID : DEC1D1B1BF40743C9917

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

54.11

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

CATERING COSTS, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

40.00

Transaction ID : D30341DAB9D874F22841

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

40.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

CATERING COSTS, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

76.25

Transaction ID : DB0E01AC4DC22429D8C7

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

76.25

1) **SUBTOTALS** This Period This Page (optional)

170.36

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

FOOD FOR MEET AND GREET, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

25.63

Transaction ID : D6AE8D41FC82B4E7E802

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

25.63

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

POSTAGE, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

91.02

Transaction ID : DD95D884F57FD4759BCC

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

91.02

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

GAS, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

60.00

Transaction ID : DB29165D69B7A4894BA6

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

60.00

1) **SUBTOTALS** This Period This Page (optional)

176.65

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

GAS, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

30.00

Transaction ID : D9A5C62DCCF374FD1A0C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

30.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

FAX LINE, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

21.62

Transaction ID : D4580BF5CD12549DA9EF

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

21.62

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

GAS, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

56.99

Transaction ID : D33D2A5E5DE4343C29E7

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

56.99

1) **SUBTOTALS** This Period This Page (optional)

108.61

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 144 OF 157

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

POSTAGE, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

880.00

Transaction ID : D9D0473DCD4D048718A0

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

880.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

GAS, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

40.00

Transaction ID : DD981198FD2564306AC1

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

40.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

GAS, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

31.31

Transaction ID : DA1F11E1D13134BB8B8A

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

31.31

1) **SUBTOTALS** This Period This Page (optional)

951.31

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

CAMPAIGN PHONES, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

1144.89

Transaction ID : DCFB657A9CD1944999ED

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1144.89

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

GAS, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

34.00

Transaction ID : D1D0265CDDDB344636ACC

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

34.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

GAS, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

50.00

Transaction ID : D62675D003969459199A

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

50.00

1) **SUBTOTALS** This Period This Page (optional)

1228.89

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

GAS, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

40.00

Transaction ID : D5983DC83923543EDBA6

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

40.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

VOLUNTEER FOOD, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

50.77

Transaction ID : D8E160D848A804A6F925

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

50.77

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

EVENT DECORATIONS, TO BE
REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

38.63

Transaction ID : D3828E6A6A2574510853

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

38.63

1) **SUBTOTALS** This Period This Page (optional)

129.40

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

EVENT DECORATIONS, TO BE
REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

110.95

Transaction ID : D56F29DAC66104506A97

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

110.95

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

CAMPAIGN MNG APT COMMUNICATIONS
PACKAGE, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

120.62

Transaction ID : D49AE494BAA99477895A

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

120.62

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

OFFICE PHONES, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

120.39

Transaction ID : DE4F7EB0DF4D64E848F6

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

120.39

1) **SUBTOTALS** This Period This Page (optional)

351.96

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

CAMPAIGN PHONES, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

1103.10

Transaction ID : D15431913668E40219A8

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1103.10

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

DOMAIN NAME REGISTRATIONS, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

405.82

Transaction ID : D859C5F4AB282436389C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

405.82

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

FEC REPORTING - TO BE REIMBURSED

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

150.00

Transaction ID : DB32ADF96BAE845CB89F

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

150.00

1) **SUBTOTALS** This Period This Page (optional)

1658.92

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

FEC REPORTING - TO BE REIMBURSED

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

52.50

Transaction ID : DEFDBE5BBACE04A61A45

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

52.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

FEC REPORTING - TO BE REIMBURSED

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

135.00

Transaction ID : DB4AF03A1A2524E4EABF

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

135.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

FEC REPORTING - TO BE REIMBURSED

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

105.71

Transaction ID : D6E7A8CC734DB4F19BF3

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

105.71

1) **SUBTOTALS** This Period This Page (optional)

293.21

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

FEC REPORTING - TO BE REIMBURSED

Mailing Address PO BOX 1084

City
SALINAState
KSZip Code
67402-1084

Outstanding Balance Beginning This Period

100.00

Transaction ID : DEDEC0C35E4A646138FB

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

100.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

FEC REPORTING - TO BE REIMBURSED

Mailing Address PO BOX 1084

City
SALINAState
KSZip Code
67402-1084

Outstanding Balance Beginning This Period

75.00

Transaction ID : DC055A926958445CEB41

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

75.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

DEPOSIT TO GENERAL ACCOUNT, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City
SALINAState
KSZip Code
67402-1084

Outstanding Balance Beginning This Period

726.89

Transaction ID : DB42428BD335B45D8B4D

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

726.89

1) **SUBTOTALS** This Period This Page (optional)

901.89

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

DEPOSIT TO PRIMARY ACCOUNT, TO BE REIMBURSED.

Mailing Address PO BOX 1084

City
SALINAState
KSZip Code
67402-1084

Outstanding Balance Beginning This Period

540.43

Transaction ID : D8666DE65FA30415FB03

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

540.43

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN FOR CONGRESS

Nature of Debt (Purpose):

FEC REPORTING - TO BE REIMBURSED

Mailing Address PO BOX 1084

City
SALINAState
KSZip Code
67402-1084

Outstanding Balance Beginning This Period

150.00

Transaction ID : DE46E124FFEEF4BCC832

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

150.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN FOR CONGRESS

Nature of Debt (Purpose):

FEC REPORTING - TO BE REIMBURSED

Mailing Address PO BOX 1084

City
SALINAState
KSZip Code
67402-1084

Outstanding Balance Beginning This Period

75.00

Transaction ID : DC314328C29DD4D0C8F5

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

75.00

1) **SUBTOTALS** This Period This Page (optional)

765.43

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

FEC FILING- TO BE REIMBURSED

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

75.00

Transaction ID : D80AA297EFC134CA68CB

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

75.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

FEC FILING- TO BE REIMBURSED

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

75.00

Transaction ID : D4C3A3A07EEEE41EDABC

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

75.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

FEC FILING- TO BE REIMBURSED

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

75.00

Transaction ID : D9DC33ADC47D146FD98E

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

75.00

1) **SUBTOTALS** This Period This Page (optional)

225.00

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

FEC FILING- TO BE REIMBURSED

Mailing Address PO BOX 1084

City
SALINAState
KSZip Code
67402-1084

Outstanding Balance Beginning This Period

75.00

Transaction ID : D9262EE2FA30F477DA04

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

75.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

FEC FILING- TO BE REIMBURSED

Mailing Address PO BOX 1084

City
SALINAState
KSZip Code
67402-1084

Outstanding Balance Beginning This Period

75.00

Transaction ID : D02775099E87F493B96C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

75.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

FEC FILING BY JON DAUGHARTHY- TO BE REIMBURSED

Mailing Address PO BOX 1084

City
SALINAState
KSZip Code
67402-1084

Outstanding Balance Beginning This Period

75.00

Transaction ID : DE96CA318E4094DAFB9D

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

75.00

1) **SUBTOTALS** This Period This Page (optional)

225.00

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 154 OF 157

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

FEC FILING BY JON DAUGHARTHY- TO BE REIMBURSED

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

150.00

Transaction ID : D24CFF160DE7F4445A3F

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

150.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

FEC FILING BY JON DAUGHARTHY- TO BE REIMBURSED

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

150.00

Transaction ID : D9C8A1CC148AA4CDD8B6

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

150.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

FEC FILING BY JON DAUGHARTHY- TO BE REIMBURSED

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

150.00

Transaction ID : D8DB11D06E4794B2D893

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

150.00

1) **SUBTOTALS** This Period This Page (optional)

450.00

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 155 OF 157

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

FEC FILING BY JON DAUGHARTHY- TO BE REIMBURSED

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

25.00

Transaction ID : DA3F641D88F4C49CF9CF

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

25.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

FEC FILING BY JON DAUGHARTHY- TO BE REIMBURSED

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

100.00

Transaction ID : D57691FC82C734A14A1F

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

100.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

FEC FILING BY JON DAUGHARTHY- TO BE REIMBURSED

Mailing Address PO BOX 1084

City

SALINA

State

KS

Zip Code

67402-1084

Outstanding Balance Beginning This Period

75.00

Transaction ID : DBDCB9C9463274C73B14

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

75.00

1) **SUBTOTALS** This Period This Page (optional)

200.00

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 156 OF 157

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

IN-KIND - FEC FILING BY JON
DAUGHARTHY- TO BE REIMBURSED

Mailing Address PO BOX 1084

City
SALINAState
KSZip Code
67402-1084

Outstanding Balance Beginning This Period

75.00

Transaction ID : DECF03D28C36847DC874

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

75.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

IN-KIND - FEC FILING BY JON
DAUGHARTHY- TO BE REIMBURSED

Mailing Address PO BOX 1084

City
SALINAState
KSZip Code
67402-1084

Outstanding Balance Beginning This Period

75.00

Transaction ID : D77C090BC2C4C45F3942

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

75.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

IN-KIND - FEC FILING BY JON
DAUGHARTHY- TO BE REIMBURSED

Mailing Address PO BOX 1084

City
SALINAState
KSZip Code
67402-1084

Outstanding Balance Beginning This Period

75.00

Transaction ID : DAD6059603DE449A1AA6

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

75.00

1) **SUBTOTALS** This Period This Page (optional)

225.00

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 157 OF 157

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANN, TRACEY, ROBERT, ,

Nature of Debt (Purpose):

IN-KIND - FEC FILING BY JON
DAUGHARTHY- TO BE REIMBURSED

Mailing Address PO BOX 1084

City
SALINAState
KSZip Code
67402-1084

Outstanding Balance Beginning This Period

75.00

Transaction ID : DD00D4A6263C944E8BC1

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

75.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)

75.00

2) **TOTALS** This Period (last page this line number only)

44911.89

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

152700.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

197611.89