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SEC 1972 (6-02) Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

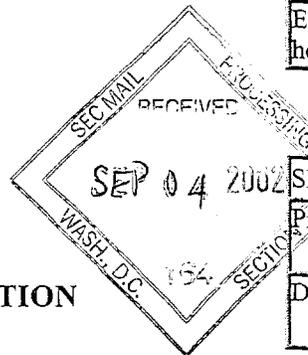
ATTENTION Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Table with OMB APPROVAL, OMB Number: 3235-0076, Expires: May 31, 2005, Estimated average burden hours per response... 1

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION



SEC USE ONLY table with Prefix, Serial, and DATE RECEIVED fields

PROCESSED

Name of Offering ([] check if this is an amendment and name has changed, and indicate change.)

Community Financial Corporation

Filing Under (Check box(es) that apply): [] Rule 504 [X] Rule 505 [] Rule 506 [] Section 4(6)

Type of Filing: [X] New Filing [] Amendment

SEP 06 2002 THOMSON UL OF FINANCIAL

A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer

Name of Issuer ([] check if this is an amendment and name has changed, and indicate change.)

Community Financial Corporation

Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)

5429 SW 29th Topeka KS 66614 (785) 271-6696 -

Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)

(if different from Executive Offices)

Brief Description of Business

Bank Holding Company

Type of Business Organization

Handwritten signature

corporation limited partnership, already formed other (please specify):
 business trust limited partnership, to be formed

Month Year
Actual or Estimated Date of Incorporation or Organization: [05] [94] Actual Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) [K] [S]

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Promoter Beneficial Executive Director General
Apply: Owner Officer and/or
Managing
Partner

Full Name (Last name first, if individual)

Koujal, Carl Jr.

Business or Residence Address (Number and Street, City, State, Zip Code)

5431 SW 29th Tonerka KS 66614

Check Box(es) that Promoter Beneficial Executive Director General
Apply: Owner Officer and/or
Managing
Partner

Full Name (Last name first, if individual)

McKinney, Kent

Business or Residence Address (Number and Street, City, State, Zip Code)

5431 SW 29th Tonerka KS 66614

Check Box(es) that Promoter Beneficial Executive Director General
Apply: Owner Officer and/or
Managing
Partner

Full Name (Last name first, if individual)

Underwood, Roger

Business or Residence Address (Number and Street, City, State, Zip Code)

5431 SW 29th Tonerka KS 66614

Check Box(es) that Promoter Beneficial Executive Director General
Apply: Owner Officer and/or
Managing
Partner

Full Name (Last name first, if individual)

Easton, Philip

Business or Residence Address (Number and Street, City, State, Zip Code)

5431 SW 29th Tonerka KS 66614

Check Box(es) that Promoter Beneficial Executive Director General
Apply: Owner Officer and/or
Managing
Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Promoter Beneficial Executive Director General
Apply: Owner Officer and/or
Managing
Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

B. INFORMATION ABOUT OFFERING

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?..... Yes [X] No []

Answer also in Appendix, Column 2, if filing under ULOE.

2. What is the minimum investment that will be accepted from any individual?..... \$2,233.27¹

3. Does the offering permit joint ownership of a single unit?..... Yes [X] No []

4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.

Full Name (Last name first, if individual)

N/A - None

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) [] All States

- [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]

Full Name (Last name first, if individual)

N/A - None

Business or Residence Address (Number and Street, City, State, Zip Code)

¹ \$2,233.27 is the price for one share which may be purchased by an existing shareholder. New shareholders must purchase a minimum of twelve (12) shares for \$26,799.24.

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers
(Check "All States" or check individual States)

All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers
(Check "All States" or check individual States)

All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$ 0	\$ 0
Equity	\$1,200,000	\$91,564.07
<input checked="" type="checkbox"/> Common <input type="checkbox"/> Preferred		
Convertible Securities (including warrants)	\$ 0	\$ 0
Partnership Interests	\$ 0	\$ 0
Other (Specify _____).	\$ 0	\$ 0
Total	\$1,200,000	\$91,564.07

Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate

the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	0	\$91,564.07
Non-accredited Investors	0	\$ 0
Total (for filings under Rule 504 only)	0	\$ 0

Answer also in Appendix, Column 4, if filing under ULOE.

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.

Type of offering	Type of Security	Dollar Amount Sold
Rule 505	Equity	\$ 91,564.07
<u>Regulation A</u>	NA	\$ 0
Rule 504	NA	\$ 0
Total	NA	\$ 0

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees	<input type="checkbox"/>	\$ 0
Printing and Engraving Costs	<input checked="" type="checkbox"/>	\$800
Legal Fees	<input checked="" type="checkbox"/>	\$25,000 (est.)
Accounting Fees	<input checked="" type="checkbox"/>	\$13,000
Engineering Fees	<input type="checkbox"/>	\$0
Sales Commissions (specify finders' fees separately)	<input type="checkbox"/>	\$0
Other Expenses (identify) <u>postage</u>	<input checked="" type="checkbox"/>	\$110
Total	<input checked="" type="checkbox"/>	\$38,910

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."

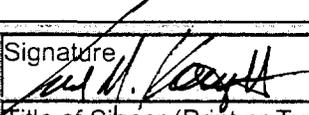
	\$1,161,090
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5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

	Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees	<input type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 0
Purchase of real estate	<input type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 0
Purchase, rental or leasing and installation of machinery and equipment	<input type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 0
Construction or leasing of plant buildings and facilities.....	<input type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 0
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	<input type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 0
Repayment of indebtedness	<input type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 0
Working capital	<input type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 0
Other (specify): <u>General corporate purposes including predominately injection of capital into bank subsidiary</u>	<input type="checkbox"/> \$ 0	<input checked="" type="checkbox"/> \$ 1,161,090
Column Totals	<input type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 0
Total Payments Listed (column totals added)	<input checked="" type="checkbox"/> \$ 1,161,090	<input checked="" type="checkbox"/> \$ 1,161,090

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) Community Financial Corporation	Signature 	Date 29 August 2002
Name of Signer (Print or Type) Carl M. Koupal, Jr.	Title of Signer (Print or Type) President & CEO Secretary	

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? Yes No

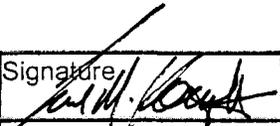
See Appendix, Column 5, for state response.

2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.

3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.

4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) Community Financial Corporation	Signature 	Date 29 August 2002
Name of Signer (Print or Type) Carl M. Koupal, Jr.	Title (Print or Type) President & CEO Secretary	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	2		3	4				5	
	Intend to sell to non-accredited investors in State (Part B-Item 1)			Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA									
CO									
CT									
DE									
DC									
FL									
GA									
HI									
ID									
IL									
IN									
IA									
KS	X		Equity 1,066,004						X
KY									

LA									
ME									
MD									
MA									
MI									
MN									
MS									
MO		X	Equity 26,800			0	0		X
MT									
NE									
NV									
NH									
NJ									
NM									
NY									
NC		X	Equity \$15,633			0	0		X
ND									
OH									
OK									
OR									
PA									
RI									
SC									
SD									
TN									
TX		X							

UT									
VT									
VA	X		Equity \$2,233			0	0		X
WA	X		Equity \$89,330			0	0		X
WV									
WI									
WY									
PR									

<http://www.sec.gov/divisions/corpfin/forms/formd.htm>
 Last update: 06/06/2002

FORM U-2 UNIFORM CONSENT TO SERVICE OF PROCESS

KNOW ALL MEN BY THESE PRESENTS:

That the undersigned **Community Financial Corporation**, a corporation organized under the laws of Kansas for purposes of complying with the laws of the States indicated hereunder relating to either the registration or sale of securities, hereby irrevocably appoints the officers of the States so designated hereunder and their successors in such offices, its attorney in those States so designated upon whom may be served any notice, process or pleading in any action or proceeding against it arising out of, or in connection with, the sale of securities or out of violation of the aforesaid laws of the States so designated; and the undersigned does hereby consent that any such action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within the States so designated hereunder by service of process upon the officers so designated with the same effect as if the undersigned was organized or created under the laws of that State and have been served lawfully with process in that State.

It is requested that a copy of any notice, process or pleading served hereunder be mailed to:

Carl M. Koupal, Jr.

(Name)

P.O. Box 4826, Topeka, Kansas 66604-4876

(Address)

Place an "X" before the names of all the States for which the person executing this form is appointing the designated Officer of each State as its attorney in that State for receipt of service of process:

<input type="checkbox"/> ALABAMA	Secretary of State	<input type="checkbox"/> FLORIDA	Department of Banking and Finance
<input type="checkbox"/> ALASKA	Administrator of the Division of Banking and Corporations, Department of Commerce and Economic Development	<input type="checkbox"/> GEORGIA	Commissioner of Securities
<input type="checkbox"/> ARIZONA	The Corporation Commission	<input type="checkbox"/> GUAM	Administrator, Department of Finance
<input type="checkbox"/> ARKANSAS	The Securities Commissioner	<input type="checkbox"/> HAWAII	Commissioner of Securities
<input type="checkbox"/> CALIFORNIA	Commissioner of Corporations	<input type="checkbox"/> IDAHO	Director, Department of Finance
<input type="checkbox"/> COLORADO	Securities Commissioner	<input type="checkbox"/> ILLINOIS	Secretary of State
<input type="checkbox"/> CONNECTICUT	Banking Commissioner	<input type="checkbox"/> INDIANA	Secretary of State
<input type="checkbox"/> DELAWARE	Securities Commissioner	<input type="checkbox"/> IOWA	Commissioner of Insurance
<input type="checkbox"/> DIST. OF COLUMBIA	Dept. of Insurance and Securities Regulation	<input checked="" type="checkbox"/> KANSAS	Secretary of State
<input type="checkbox"/> KENTUCKY	Director, Division of Securities	<input type="checkbox"/> OHIO	Secretary of State
<input type="checkbox"/> LOUISIANA	Commissioner of Securities	<input type="checkbox"/> OREGON	Director, Department of Insurance and Finance
<input type="checkbox"/> MAINE	Administrator, Securities Division	<input type="checkbox"/> OKLAHOMA	Securities Administrator
<input type="checkbox"/> MARYLAND	Commissioner of the Division of	<input type="checkbox"/> PENNSYLVANIA	Pennsylvania does not require Rev. (1991)

	Securities		filing of a Consent to Service of Process
<u> </u> MASSACHUSETTS	Secretary of State	<u> </u> PUERTO RICO	Commissioner of Financial Institutions
<u> </u> MICHIGAN	Commissioner, Office of Financial and Insurance Services	<u> </u> RHODE ISLAND	Director of Business Regulation
<u> </u> MINNESOTA	Commissioner of Commerce	<u> </u> SOUTH CAROLINA	Securities Commissioner
<u> </u> MISSISSIPPI	Secretary of State	<u> </u> SOUTH DAKOTA	Director of the Division of Securities
<u> </u> X MISSOURI	Securities Commissioner	<u> </u> TENNESSEE	Commissioner of Commerce and Insurance
<u> </u> MONTANA	State Auditor and Commissioner of Insurance	<u> </u> X TEXAS	Securities Commissioner
<u> </u> NEBRASKA	Director of Banking and Finance	<u> </u> UTAH	Director, Division of Securities
<u> </u> NEVADA	Secretary of State	<u> </u> VERMONT	Commissioner of Banking, Insurance, Securities & Health Administration
<u> </u> NEW HAMPSHIRE	Secretary of State	<u> </u> X VIRGINIA	Clerk, State Corporation Commission
<u> </u> NEW JERSEY	Chief, Securities Bureau	<u> </u> X WASHINGTON	Director of the Department of Licensing
<u> </u> NEW MEXICO	Director, Securities Division	<u> </u> WEST VIRGINIA	Commissioner of Securities
<u> </u> NEW YORK	Secretary of State	<u> </u> WISCONSIN	Department of Financial Institutions, Division of Securities
<u> </u> NORTH CAROLINA	Secretary of State	<u> </u> WYOMING	Secretary of State
<u> </u> NORTH DAKOTA	Securities Commissioner		

Dated this 29th day of August, 2002

(SEAL)

COMMUNITY FINANCIAL CORPORATION

By: *Carl M. Koupal, Jr.*
 Carl M. Koupal, Jr., ~~President & CEO~~ *Secretary*

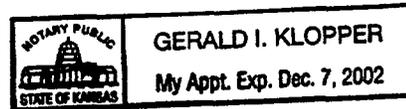
State of Kansas)
) ss.
 County of Johnson)

On this 29 day of August, 2002, before me appeared Carl M. Koupal, Jr., to me personally known, who, being by me duly sworn, did say that he is the ~~President and CEO~~ ^{SES} of Community Financial Corporation, a Kansas corporation, and that said instrument was signed and sealed in behalf of said corporation by authority of its Board of Directors and said Carl M. Koupal, Jr. acknowledged said instrument to be the free act and deed of said corporation.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal in the County and State aforesaid, the day and year first above written.

Gerald I. Klopfer
 Notary Public

My Commission Expires:



**UNIFORM FORM OF
CORPORATION RESOLUTION
OF
COMMUNITY FINANCIAL CORPORATION
(Name of Corporation)**

RESOLVED, that it is desirable and in the best interests of this Corporation that its securities be qualified for sale in various states; that Carl M. Koupal, Secretary of Community Financial Corporation, is hereby authorized to determine the states in which appropriate action shall be taken to qualify for sale all or such part of the securities of this Corporation as he may deem advisable; that he is hereby authorized to perform on behalf of this Corporation any and all such acts as it may deem necessary or advisable in order to comply with the applicable laws of any such states, and in connection therewith to execute and file all requisite papers and documents, including, but not limited to, applications, reports, surety bonds, irrevocable consents and appointments of attorneys for service of process; and the execution by him of any such paper or document or the doing by it of any act in connection with the foregoing matters shall conclusively establish its authority therefor from this Corporation and the approval and ratification by this Corporation of the papers and documents so executed and the action so taken.

CERTIFICATE

The undersigned hereby certifies that he is the Secretary of Community Financial Corporation, a corporation organized and existing under the laws of the State of Kansas; that the foregoing is a true and correct copy of a resolution duly adopted by Unanimous Consent of the Board of Directors of said Corporation distributed on the 30th day of August, 2002, that the passage of said resolution was in all respects legal; and that said resolution is in full force and effect.

COMMUNITY FINANCIAL CORPORATION

By: _____


Carl M. Koupal, Secretary