

# VERIFIED STATEMENT FOR A POLITICAL ACTION COMMITTEE NOT REGISTERED IN KANSAS

Pursuant to K.S.A. 25-4172, this statement must be completed by any political action committee not registered in Kansas which makes a political contribution to any state or local candidate and/or any other Kansas party or political action committee.

1. The names and addresses of the Chairperson and Treasurer listed below are the responsible individuals for the

\_\_\_\_\_  
(Name of Political Action Committee)

2. A. The above committee made a contribution of \_\_\_\_\_ to \_\_\_\_\_ on \_\_\_\_\_  
(Amount) (Recipient of Contribution) (Date)  
B. Check this box  if attaching a list of recipients, amounts and dates of contributions.

3. Name of Chairperson: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

4. Name of Treasurer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

5. Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

6. Check Appropriate Box

In the preceding twelve months, no individual residing in Kansas or employed in Kansas contributed in excess of \$50 to the political fund from which this contribution originated, and no individual gave in excess of \$50 which was earmarked for use in Kansas.

Individuals residing in Kansas or employed in Kansas who, in the preceding twelve months, contributed in excess of \$50 to the political fund from which this contribution originated, are listed on an attached sheet. In addition, any individual who gave in excess of \$50 which is earmarked for use in Kansas is listed on the attached sheet.

7. The aggregate amount of all contributions made to this fund to be used in Kansas within the preceding twelve months was \_\_\_\_\_.  
(Amount)

Verification:

State of \_\_\_\_\_ )

County of \_\_\_\_\_ )

I, \_\_\_\_\_ do swear (or affirm) that the information in this Verified Statement is complete, true and correct.

\_\_\_\_\_  
(Signature and Title)

Subscribed and sworn to (affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

(Seal)

\_\_\_\_\_  
(Notary Public)

My Appointment Expires \_\_\_\_\_ 20 \_\_\_\_\_

INSTRUCTIONS

This statement must be filed in the office of the Secretary of State, Memorial Hall - 1<sup>st</sup> floor, 120 SW 10<sup>th</sup> Street, Topeka, KS 66612-1594, at the following times:

<b>State and Local Candidates and/or Political and Party Committees</b>	
Report Due	Period Covering
1/10/2022	If contribution is made from 1/1/2021 through 12/31/2021
7/25/2022	If contribution is made from 1/1/2022 through 7/21/2022
10/31/2022	If contribution is made from 7/22/2022 through 10/27/2022
1/10/2023	If contribution is made from 10/28/2022 through 12/31/2022

<b>First Class City Candidates and Political Committees</b>	
Report Due	Period Covering
7/26/2021	If contribution is made from 1/1/2021 through 7/22/2021
10/25/2021	If contribution is made from 7/23/2021 through 10/21/2021
1/10/2022	If contribution is made from 10/22/2021 through 12/31/2021

For further information contact:

Kansas Governmental Ethics Commission  
901 S. Kansas Avenue  
Topeka, Kansas 66612  
Office (785) 296-4219  
Fax (785) 296-2548