

## STATEMENT OF ORGANIZATION

RECEIVED

## FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

SEP 06 2011  
KS Governmental Ethics Commission

(See Reverse Side For Instructions)

This is a (check one)	<input type="checkbox"/> Party Committee	<input checked="" type="checkbox"/> Political Action Committee
This is an (check one)	<input type="checkbox"/> Initial Statement	<input checked="" type="checkbox"/> Amended Statement

## COMMITTEE

(PLEASE TYPE OR PRINT)

Name

KANSAS FOR LIFE Political Action Committee

Mailing Address (Street, City, State, Zip Code)

Wichita, KS Business Telephone

7615 E CHAMPIONS CRT 67226 (316) 687-5433

## CHAIRPERSON

Name

MIKE THOMAS

Home Telephone

(913) 515-8631

Mailing Address (Street, City, State, Zip Code)

Business Telephone

4905 W 144TH ST LEAWOOD KS 66224 (316) 687-5433

## TREASURER

Name

ARLIE MACIAS

Home Telephone

(316) 631-1276

Mailing Address (Street, City, State, Zip Code)

Wichita, KS Business Telephone

7615 E CHAMPION'S CRT 67226 (316) 687-5433

## AFFILIATED OR CONNECTED ORGANIZATIONS

Name

KANSAS FOR LIFE, INC

Mailing Address (Street, City, State, Zip Code)

2501 E CENTRAL WICHITA, KS 67214

If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

## SIGNATURE:

"I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor."

8/31/11

(Date)

(Signature of Chairperson)

FILED

MAY 31 2005

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES  
RON H. HARRIS  
SECRETARY OF THE COMMISSION

## STATEMENT OF ORGANIZATION

### FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

This is a (check one)	<input type="checkbox"/> Party Committee	<input checked="" type="checkbox"/> Political Action Committee
This is an (check one)	<input type="checkbox"/> Initial Statement	<input checked="" type="checkbox"/> Amended Statement

#### COMMITTEE

(PLEASE TYPE OR PRINT)

Name Kansans For Life Political Action Committee

Mailing Address (Street, City, State, Zip Code)  
7615 E Champions Ct. Wichita, KS 67226

Business Telephone  
( 316 ) 631-1276

#### CHAIRPERSON

Name  
Chris Martinez

Home Telephone  
( 316 ) 775-6312

Mailing Address (Street, City, State, Zip Code)  
703 Tracy Augusta, KS 67010

Business Telephone  
( )

#### TREASURER

Name  
Arturo G Macias

Home Telephone  
( 316 ) 631-1276

Mailing Address (Street, City, State, Zip Code)  
7615 E Champions Ct Wichita, KS 67226

Business Telephone  
( 620 ) 782-3341

#### AFFILIATED OR CONNECTED ORGANIZATIONS

Name  
Kansans For Life

Mailing Address (Street, City, State, Zip Code)  
2501 E Central Wichita, KS 67214

If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

#### SIGNATURE:

"I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor."

(Date)

(Signature of Chairperson)