Campaign Finance
Statement of Organization
For Political Action Committees
And Party Committees

Committee
Name: Kansas American Family Insurance Political Action Committee
Address: 7325 West Taft Street
City: Wichita State: KS Zip: 67209
Business Phone: (608) 249-2111
Email Address: snamio@amfam.com

Chairperson
Name: Daran Neuschafer
Address: 1528 E Iron AVE
City: Salina State: KS Zip: 67401
Email Address: dneuscha@amfam.com

Treasurer
Name: Ryan Woods
Address: 7325 West Taft Street
City: Wichita State: KS Zip: 67209
Business Phone: (608) 249-2111
Email Address: rwoods@amfam.com

Affiliated or Connected Organizations
Name: American Family Insurance
Address: 6000 American PKY
City: Madison State: WI Zip: 53783
Email Address: rwoods@amfam.com

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.

Executed on:
Date: 6/30/2011 9:41:23 AM Signature of Chairperson: Daran Neuschafer
This is a (Check one)  Party Committee  PAC
This is an (Check one)  Initial Appointment  Amended Statement

Committee
Name: Kansas American Family Insurance Political Action Committee
Address: 7325 West Taft Street
City: Wichita  State: KS  Zip: 67209
Business Phone: (608) 249-2111
Email Address: snamio@amfam.com

Chairperson
Name: Daran Neuschafer
Address: 1528 E Iron AVE
City: Salina  State: KS  Zip: 67401
Home Telephone:  Business Phone:
Email Address: dneuscha@amfam.com

Treasurer
Name: Ryan Woods
Address: 600 S Summit ST
City: Arkansas City  State: KS  Zip:67005
Home Telephone:  Business Phone:
Email Address: rwoods@amfam.com

Affiliated or Connected
Organizations
Name: American Family Insurance
Address: 6000 American PKY
City: Madison  State: WI  Zip: 53783

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.

Executed on:
Date: 4/8/2011 2:58:05 PM  Signature of Chairperson: Daran Neuschafer
Campaign Finance

Statement of Organization
For Political Action Committees
And Party Committees

This is a (Check one)  Party Committee  
This is an (Check one) Initial Appointment  Amended Statement

Committee
Name: Kansas American Family Insurance Political Action Committee
Address: 534 S. Kansas Avenue
Address2: Suite 830
City: Topeka  State: KS  Zip: 66603
Business Phone: (608) 249-2111
Email Address: snamio@amfam.com

Chairperson
Name: Daran Neuschafer
Address: 1528 E Iron AVE
Address2:
City: Salina  State: KS  Zip: 67401
Home Telephone:  Business Phone:
Email Address: dneuscha@amfam.com

Treasurer
Name: Ryan Woods
Address: 600 S Summit ST
Address2:
City: Arkansas City  State: KS  Zip:67005
Home Telephone:  Business Phone:
Email Address: rwoods@amfam.com

Affiliated or Connected Organizations
Name: American Family Insurance
Address: 6000 American PKY
Address2:
City: Madison  State: WI  Zip: 53783

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.

Executed on:
Date: 9/27/2010 1:21:09 PM  Signature of Chairperson: Daran Neuschafer
Campaign Finance Statement of Organization
For Political Action Committees
And Party Committees

This is a (Check one) [ ] Party Committee [ ] PAC

This is an (Check one) [ ] Initial Appointment [ ] Amended Statement

Committee
Name: Kansas American Family Insurance Political Action Committee
Address: 1300 SW Arrowhead RD
City: Topeka State: KS Zip: 66604
Business Phone: 6082492111
Email Address: snamio@amfam.com

Chairperson
Name: Daran Neuschafer
Address: 1528 E Iron AVE
City: Salina State: KS Zip: 67401
Home Telephone: Business Phone:
Email Address: dneuscha@amfam.com

Treasurer
Name: Ryan Woods
Address: 600 S Summit ST
City: Arkansas City State: KS Zip: 67005
Home Telephone: Business Phone:
Email Address: rwoods@amfam.com

Affiliated or Connected Organizations
Name: American Family Insurance
Address: 6000 American PKY
City: Madison State: WI Zip: 53783

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

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.

Executed on:
Date: 1/5/2010 4:58:10 PM Signature of Chairperson: Daran Neuschafer

Print this form or Proceed to log in
Campaign Finance
Statement of Organization
For Political Action Committees
And Party Committees

This is a (Check one) Party Committee PAC

This is an (Check one) Initial Appointment Amended Statement

Committee
Name: Kansas American Family Insurance Political Action Committee
Address: 1300 SW Arrowhead RD
City: Topeka State: KS Zip: 66604
Business Phone: 6082492111
Email Address: snamio@amfam.com

Chairperson
Name: Daran Neuschafer
Address: 1528 E Iron AVE
City: Salina State: KS Zip: 67401
Home Telephone: Business Phone:
Email Address: dneuscha@amfam.com

Treasurer
Name: Ryan Woods
Address: 600 S Summit ST
City: Arkansas City State: KS Zip: 67005
Home Telephone: Business Phone:
Email Address: rwoods@amfam.com

Affiliated or Connected Organizations
Name: American Family Insurance
Address: 6000 American PKY
City: Madison State: WI Zip: 53783

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.

Executed on:
Date: 1/5/2010 4:58:10 PM Signature of Chairperson: Daran Neuschafer
STATEMENT OF ORGANIZATION
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

This is a (check one) Party Committee ☑ Political Action Committee
This is an (check one) Initial Statement ☑ Amended Statement

COMMITTEE (PLEASE TYPE OR PRINT)
Name Kansas American Family Insurance Political Action Committee
Mailing Address (Street, City, State, Zip Code) Business Telephone
1300 SW Arrowhead Road, Topeka, KS 66604 (785) 273-5120

CHAIRPERSON
Name Daran Neuschafer
Home Telephone (785) 825-9169
Mailing Address (Street, City, State, Zip Code) Business Telephone
1528 E. Iron Avenue, Salina, KS 67401 (785) 827-5150

TREASURER
Name Ryan Woods
Home Telephone ( )
Mailing Address (Street, City, State, Zip Code) Business Telephone
600 S Summit Street, Arkansas City, KS 67005 (620) 442-2020

AFFILIATED OR CONNECTED ORGANIZATIONS
Name American Family Insurance Group
Mailing Address (Street, City, State, Zip Code)
1300 SW Arrowhead Road, Topeka, KS 66604

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)

Governmental Ethics Commission Rev.2000
### STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

See Reverse Side For Instructions

<table>
<thead>
<tr>
<th>This is a (check one)</th>
<th>Party Committee</th>
<th>1</th>
<th>Political Action Committee</th>
<th>2</th>
<th>Initial Statement</th>
<th>3</th>
<th>Amended Statement</th>
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**COMMITTEE** (PLEASE TYPE OR PRINT)

<table>
<thead>
<tr>
<th>Name</th>
<th>Kansas American Family Insurance Political Action Committee</th>
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<tbody>
<tr>
<td>Mailing Address</td>
<td>1300 SW Arrowhead Road, Topeka, KS 66604</td>
</tr>
<tr>
<td>Business Telephone</td>
<td>(785) 273-5120</td>
</tr>
</tbody>
</table>

**CHAIRPERSON**

<table>
<thead>
<tr>
<th>Name</th>
<th>Daran Neuschler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td>5236 E. Iron Avenue, Salina, KS 67401</td>
</tr>
<tr>
<td>Business Telephone</td>
<td>(785) 827-5130</td>
</tr>
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</table>

**TREASURER**

<table>
<thead>
<tr>
<th>Name</th>
<th>Tom Hayfield</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td>6420 N. Ninth, Ste 101, Overland Park, KS 66212</td>
</tr>
<tr>
<td>Business Telephone</td>
<td>(913) 649-2100</td>
</tr>
</tbody>
</table>

**AFFILIATED OR CONNECTED ORGANIZATIONS**

<table>
<thead>
<tr>
<th>Name</th>
<th>American Family Insurance Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td>1300 SW Arrowhead Road, Topeka, KS 66604</td>
</tr>
</tbody>
</table>

**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.

(Seal)

(Signature of Chairperson)

Governmental Ethics Commission

Rev 2000