STATEMENT OF ORGANIZATION	
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES	
FILED (See Reverse Side For Instructions)	
(See Reverse Side For Instructions)	
NOV 3 0 200 This is a (check one) Party Committee Political Action Committee	
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Verse (PLEASE I I PE OR PRINI)	_
Name Kansas NOW PAC	
Mailing Address (Street, City, State, Zip Code)Business Telephone7925 Killarney Wichita, KS 67206(620) 245 4904	
CHAIRPERSON	
NameHome TelephoneLinda Joslin(316) 945-5826	
Mailing Address (Street, City, State, Zip Code)Business Telephone550 W. Central Ave Apt # 706 Wichita, KS 67203-4205(316) 945-5826	
TREASURER to the second s	
Name Home Telephone	
Kari Ann Rinker (620) 245-4904	
Mailing Address (Street, City, State, Zip Code)Business Telephone7925 Killarney Wichita, KS 67206(620)245-4904	
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name Kansas National Organization for Women	
Mailing Address (Street, City, State, Zip Code) PO Box 1860 Wichita, KS 67201	
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contribut	ors.
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)	
(Date) (Signature of Chairperson)	
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Governmental Ethics Commission

Rev.2000

RECEIVED

October 4<sup>th</sup>, 2009

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To Whom It May Concern:

Please note that effective the above date, I have resigned my position as the KS National Organization for Women Political Action Committee Chair. Please remove me in your records.

Thank You. Marla Patrick Lindsborg KS

DEC 17 2008 DEC 17 2008 STATEMENT OF ORGANIZATION HORNBURGH HON THORNBURGH STATE SECHER POLIFICAL 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 Kanaga Dali al Description ( a) Dec	
Mailing Address (Street, City, State, Zip Code)	-
PO BOX 286 Lindslarg VS (785) 227-3854	
CHAIRPERSON	
Name Home Telephone	
Mailing Address (Street City State Zin Code) 67456 Business Telenhone	
Mailing Address (Street, City, State, Zip Code) 61956 Business Telephone 1542 Sie OSIC Lindsborg VCS (785) 212-0162	
6	
TREASURER Home Telephone	
Name Linda Jostin (316)945-5826	
Mailing Address (Street, City, State, Zip Code)	
EODO 21, ptinore	
AFFILIATED OR CONNECTED ORGANIZATIONS	_
Name Konsos Nation Diraization for women	
Mailing Address (Street, City, State, Zip Code)	
POBOX 286 Lindsborg KS 67456	
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributor	rs.
( connected with another acconization)	_
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)	
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