STATEMENT OF ORGANIZATION JUL 1 1 FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEE (See Reverse Side For Instructions)	19 <u>9</u> 7
(See Reverse Side For Instructions)	TE /
This is a (check one) Party Committee V Political Action Committee	$\searrow$
This is an (check one) Initial Statement 🖌 Amended Statement	
COMMITTEE (PLEASE TYPE OR PRINT)	
Name Farmers Insurance Employee & Agent Political Action Committee of Kansas	
Mailing Address (Street, City, State, Zip Code)Business Telephone11880 College Blvd. Ste. 120 Overland Park, KS. 66210(913)234 - 3902	
CHAIRPERSON	
Name Home Telephone	
Paul Crosetti (816) 377 - 1299	
Mailing Address (Street, City, State, Zip Code)Business Telephone11880 College Blvd. Ste. 120 Overland Park, KS. 66210(913)234 - 3931	
TREASURER	]
Name Home Telephone	
David Kerr         ( 661 ) 313 - 2255           Mailing Address (Struct City State Zin Code)         Designer Talashana	
Mailing Address (Street, City, State, Zip Code)Business Telephone17150 W. 118 Terrace Olathe, KS. 66061(913)826 - 8390	
AFFILIATED OR CONNECTED ORGANIZATIONS	`
Name Farmers Insurance Exchange	
Mailing Address (Street, City, State, Zip Code) 17000 W. 119th Street Olathe, KS. 66061	
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the cont	ributors.
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." $ \frac{7-7-2011}{(Date)} $ (Signature of Chairperson)	
Governmental Ethics Commission Re	ev.2000

STATEMENT OF ORGANIZATION	944
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITT	EESmiselo
(See Reverse Side For Instructions)	,
This is a (check one)Party CommitteePolitical Action CommitteeThis is an (check one)Initial StatementInitial Statement	
COMMITTEE (PLEASE TYPE OR PRINT)	
Name Farmers Insurance Employee & Agent Political Action Committee of Kansas	
Mailing Address (Street, City, State, Zip Code)Business Telephone11880 College Blvd. Ste. 201A, Overland Park, KS. 66210 (913)234-3902	
CHAIRPERSON	
NameHome TelephoneDana Russell(913) 708-0933	.
Mailing Address (Street, City, State, Zip Code)Business Telephone11880 College Blvd. Ste. 201A, Overland Park, KS. 66210913234-3901	
TREASURER	
NameHome TelephoneDavid Kerr( 661 ) 313-2255	
Mailing Address (Street, City, State, Zip Code)Business Telephone17150 W. 118th Terrace, Olathe, KS. 66061(913) 826-8390	
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name Farmers Insurance Exchange	
Mailing Address (Street, City, State, Zip Code) 17000 W. 119th Street, Olathe, KS. 66061	· · · · · · · · · · · · · · · · · · ·
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the context of the	ontributors.
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." $\frac{\sqrt{8/2010}}{(Date)}$ (Signature of Chairperson)	
Governmental Ethics Commission	Rev.2000

c

## Print this form or Go Back



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

**Governmental Ethics Commission** 109 W. 9th, Suite 504 Topeka, KS 66612 Phone (785) 296-4219 Fax (785) 296-2548 www.kansas.gov/ethics

	This is a (Check one) Party Committee PAC
	This is an (Check one) Initial Appointment Amended Statement
Committee	Name: Farmers Employee and Agent PAC Address: 11880 College BLVD
	City: Overland Park State: KS Zip: 66210 Business Phone: 9132192296
	Email Address: lee.wright@farmersinsurance.com
Chairperson	Name: dana russell
	Address: 11880 College BLVD
	City: Overland Park State: KS Zip: 66210
	Home Telephone: 9132343901 Business Phone: 9132343901
	Email Address: dana.russell@farmersinsurance.com
Treasurer	Name: melinda benavidez
	Address: 17000 W 119th ST
	City: Olathe State: KS Zip:66061
	Home Telephone: Business Phone: 9135640428
	Email Address: melinda.benavidez@farmersinsurance.com
Affiliated or	Name:
Connected Organizations	Address:
organizationo	City: State: Zip:
	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: 1/8/2010 1:01:34 PM Signature of Chairperson: Dana Russell

Print this form or Go Back

CEL	OF ORGANIZATION MITTEES AND PARTY COMMITTEES Side For Instructions)
This is a (check one) Party Co	Statement     Image: Amended Statement
COMMITTEE (PLEASE	TYPE OR PRINT)
Name Farmers Insurance Employee and Age	ent Political Action Committee of Kansas
Mailing Address (Street, City, State, Zip Code) 11880 College Blvd. Ste 201A, Overland Pa	Business Telephone rk, KS. 66210 (913) 234-3902
CHAIRPERSON	
Name Dana Russell	Home Telephone (913) 708-0933
Mailing Address (Street, City, State, Zip Code) 11880 College Blvd. Ste 201A, Overland Par	Business Telephone rk, KS. 66210 (913) 234-3901
TREASURER	
Name Jacob Saye	Home Telephone ()
Mailing Address (Street, City, State, Zip Code) 17000 W. 119th Street, Olathe, KS. 66061	Business Telephone (913) 564-0436
AFFILIATED OR CONNECTED ORGANIZATIO	ONS
Name Farmers Insurance Exchange	
Mailing Address (Street, City, State, Zip Code) 17000 W. 119th Street, Olathe, KS. 66061	
If not connected or affiliated with an organization, iden	tify the trade, profession, or primary interest of the contributor
SIGNATURE: "I declare that this statement has been examined by belief is true, correct and complete. I understand th or intentionally filing a false document is a class A	at the intentional failure to file this document
$\frac{ \langle e _{  _{0}} _{0}}{(\text{Date})}$	(Signature of Chairperson)
Governmental Ethics Commission	Rev.200

JAN 2 3 2008 STATEMENT OF ORGANIZATION	
FON FOR POLIFICAL ACTION COMMITTEES AND PARTY COMMIT	TEES
(See Reverse Side For Instructions)	
This is a (check one)Party CommitteePolitical Action CommitteeThis is an (check one)Initial StatementImage: Amended Statement	
COMMITTEE (PLEASE TYPE OR PRINT)	
Name Farmers Insurance Employee and Agent Political Action Committee of Kansas	
Mailing Address (Street, City, State, Zip Code)Business Telephone11880 College Blvd. Ste. 201A, Overland Park, KS. 66210 (913)234-3901	
CHAIRPERSON	
NameHome TelephoneDana Russell(913)708-0933	
Mailing Address (Street, City, State, Zip Code)Business Telephone11880 College Blvd. Ste. 201A, Overland Park, KS. 66210(913)234-3901	
TREASURER	
NameHome TelephoneHoward Alshouse(913)469-4174	
Mailing Address (Street, City, State, Zip Code)Business Telephone17000 W. 119th Street Olathe, KS. 66061(913) 564-0401	
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name Same as Committee Name	
Mailing Address (Street, City, State, Zip Code)	
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the	contributors.
	2.
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

## 

0.3

DEC 17 CON RON THORNBURGH RON THORNBURGH STATEMENT OF OF	RGANIZATION DEC 1 2 200
FOR POLITICAL ACTION COMMITTI	EES AND PARTY GOVERNMETTERS
(See Reverse Side Fo	
This is a (check one)     Party Committee       This is an (check one)     Initial Statement	Political Action Committee     Amended Statement
COMMITTEE (PLEASE TYPE O	R PRINT)
Name FARMERS Insurance Employee and Agent Po	olitical Action Committee of Kansas
Mailing Address (Street, City, State, Zip Code) 10850 Lowell Ave., Overland Park, KS, 66210	Business Telephone (913) 661-6580
CHAIRPERSON	
Name Frank Soldano	Home Telephone ( 913 ) 897-4612
Mailing Address (Street, City, State, Zip Code) 10850 Lowell Ave., Overland Park, KS. 66210	Business Telephone (913) 661-6580
TREASURER	
Name Howard Alshouse	Home Telephone (913) 469-4174
Mailing Address (Street, City, State, Zip Code) 10850 Lowell Ave., Overland Park, KS. 66210	Business Telephone (913) 661-6510
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name Same as Committee Name	
Mailing Address (Street, City, State, Zip Code)	
f not connected or affiliated with an organization, identify the tr	ade, profession, or primary interest of the contribut
SIGNATURE:	
I declare that this statement has been examined by me and belief is true, correct and complete. I understand that the in or intentionally filing a false document is a class A misdeme	tentional failure to file this document
D-D-03 - Fan	1 a Selle
(Date) (Signat	ure of Chairperson)