

STATEMENT OF ORGANIZATION

OF COLOREST OF CHARACTER OF CHA				
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 State Farm Agents and Employees Political Action Committee				
Mailing Address (Street, City, State, Zip Code) 825 S. Kansas Avenue, Suite 500, Topeka, KS 66612	Business Telephone (785) 233-4512			
CHAIRPERSON				
Name Jim LaDuke	Home Telephone			
Mailing Address (Street, City, State, Zip Code) P.O. Box 1334, McPherson, KS 67460	Business Telephone (620) 241-8600			
TREASURER				
Name Sandy Braden	Home Telephone (785) 542-4266			
Mailing Address (Street, City, State, Zip Code) 825 S. Kansas Avenue, Suite 500, Topeka, KS 66612	Business Telephone (785) 233-4512			
AFFILIATED OR CONNECTED ORGANIZATIONS				
Name	·			
Mailing Address (Street, City, State, Zip Code)				
If not connected or affiliated with an organization, identify the trade, property to candidates for state office that support legrinsurance industry.	rofession, or primary interest of the contributors, islation that is beneficial to the			
insurance moustry.				
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 of intentionally filing a false document is a class A misdemeanor.				
Jel 29 2010 Ju La	ah			
(Date) (Signature of	f Chairperson)			
Governmental Ethics Commission	Rev.2000			

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Mailing Address (Street, City, State, Zip Code) 825 S. Kansas Avenue, Suite 500, Topeka, KS 66612	Business Telephone (785) 233-4512			
CHAIRPERSON				
Name David Chavez	Home Telephone (913) 851-3080			
Mailing Address (Street, City, State, Zip Code) 6605 Parallel Parkway, Kansas City, KS 66102	Business Telephone (913) 334-2227			
TREASURER				
Name Sandra Braden	Home Telephone (785) 542-4266			
Mailing Address (Street, City, State, Zip Code) 825 S. Kansas Avenue, Suite 500, Topeka, KS 66612	Business Telephone (785) 233-4512			
AFFILIATED OR CONNECTED ORGANIZATIONS				
Name				
Mailing Address (Street, City, State, Zip Code)				
If not connected or affiliated with an organization, identify the trade, pr To contribute to candidates for state office that support leg insurance industry.	· · · · · · · · · · · · · · · · · · ·			
SIGNATURE: "I declare that this statement has been examined by me and to the belief is true, correct and complete. I understand that the intention or intentionally filing a false document is a class A misdemeanor. 3-23-10 (Date) (Signature of	nal failure to file this document			

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(See Reverse Side For Instru				
				
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This is an (check one) Initial Statement	Amended Statement			
COMMITTEE (PLEASE TYPE OR PRINT)				
Name Kansas SF Insurance Agents				
Mailing Address (Street, City, State, Zip Code) 555 S Kansas Avenue, Suite 101	Business Telephone (785) 233-1446			
555 5 Natisas Aveilue, Suite 101	(/ / 00) 200*1440			
CHAIRPERSON				
Name David Chavez	Home Telephone 85/- 3080 (913) -334-3080			
Mailing Address (Street, City, State, Zip Code) 6605 Parallel Parkway, Kansas City, KS 66102	Business Telephone (913) 334-2227			
TREASURER				
Name Jeffery Bottenberg	Home Telephone (785) 235-9080			
Mailing Address (Street, City, State, Zip Code) 555 S Kansas Avenue, Suite 101, Topeka, KS 66604	Business Telephone (785) 233-1446			
AFFILIATED OR CONNECTED ORGANIZATIONS				
Name				
Mailing Address (Street, City, State, Zip Code)				
If not connected or affiliated with an organization, identify the trade, pro To contribute to candidates that support legislation that is be	· •			
SIGNATURE: "I declare that this statement has been examined by me and to the belief is true, correct and complete. I understand that the intention or intentionally filing a false document is a class A misdemeanor." 2-2-09 (Date) (Signature of the belief is true, correct and complete. I understand that the intention or intentionally filing a false document is a class A misdemeanor." (Signature of the belief is true, correct and complete. I understand that the intention or intentionally filing a false document is a class A misdemeanor."	al failure to file this document 1. Chawy			

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This is a	n (check one) Initial Statement	Amended Statement	
COMMITTEE	(PLEASE TYPE (OR PRINTS	
Name Kanaga SE Inc			
Nansas of ins	surance Agents and Employees	s PAC, Inc.	
	t, City, State, Zip Code) iue, Suite 101 Topeka, KS 666	Business Telephone 303 (785) 233-1446	
CHAIRPERSON			
Name		Yoma Talanhama	
David Lawrence	>29	Home Telephone (316) 518-5775	ļ
Mailing Address (Street 3610 West Central	t, City, State, Zip Code) Wichita, KS 67203	Business Telephone (316) 945-5775	
So to West Contain	Windia, No 0/205	(310) 343-3773	
TREASURER			
Name		Home Telephone	
Sue Zientara	م به نمسین که به داران این این این این این این این این این ا	(785) 357-1164	
Mailing Address (Street 300 SW 33rd Top	l, City, State, Zip Code) oeka, KS 66611	Business Telephone (785) 267-5090	ļ.
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or intentionally filing a f	also document is a class A misden	neamor n	
8-18-08	(be	ril Durence	
(Date)	(Signa	ture of Chairperson)	
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