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**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: **Kansas American Family Insurance Political Action Committee**

Address: **6000 American Parkway**

Address2:

City: **Madison** State: **WI** Zip: **53783**

Business Phone: **(608) 249-2111**

Email Address: **JALANIS@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: **7325 West Taft Street**

Address2:

City: **Wichita** State: **KS** Zip: **67209**

Home Telephone: Business Phone: **(608) 249-2111**

Email Address: **rwoods@amfam.com**

Affiliated or Connected Organizations

Name: **American Family Insurance**

Address: **6000 American Parkway**

Address2:

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: **7/2/2013 12:28:46 PM** Signature of Chairperson: **Daran Neuschafer**

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This is a (Check one) Party Committee PAC

This is an (Check one) Initial Appointment Amended Statement

CommitteeName: **Kansas American Family Insurance Political Action Committee**Address: **6000 American Parkway**

Address2:

City: **Madison** State: **WI** Zip: **53783**Business Phone: **(608) 249-2111**Email Address: **politicalaction@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: **7325 West Taft Street**

Address2:

City: **Wichita** State: **KS** Zip: **67209**Home Telephone: Business Phone: **(608) 249-2111**Email Address: **rwoods@amfam.com****Affiliated or Connected Organizations**Name: **American Family Insurance**Address: **6000 American Parkway**

Address2:

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Executed on:

Date: **7/3/2013 11:29:50 AM** Signature of Chairperson: **Daran Neuschafer**[Print this form or Go Back](#)

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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**

Address2:

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**

Address2:

City: **Salina** State: **KS** Zip: **67401**

Home Telephone: Business Phone:

Email Address: **dneuscha@amfam.com**

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Address: **6000 American PKY**

Address2:

City: **Madison** State: **WI** Zip: **53783**

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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**

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