## STATEMENT OF ORGANIZATION

HECEIVED

|   | 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)   |   |  |   |             |  |  |  |  |
| INS   | National Association of Insurance and Financial Advisors of Kansas Political Action Commit                     |   |  |   |             |  |  |  |  |
|   | Ailing Address (Street, City, State, Zip Code)  Business Telephone  Suite 500 Topeka, KS 66612 (785 ) 354-7770 |   |  |   |             |  |  |  |  |
| CF  | IAIRPERSC  | N   |  |   |             |  |  |  |  |
| Na  | Bob Reynolds   |   |  | Home Telephone<br>( 785 ) 826-9545                            |             |  |  |  |  |
|   |  | ss (Street, City, State,<br>ublic Salina, KS 67 |  | Business Telephone  |             |  |  |  |  |
|   | EASURER  |   |  |   | <del></del> |  |  |  |  |
| Na  | me<br><u>Matt C</u>  | asey  |  | Home Telephone  |             |  |  |  |  |
| M   | iling Addres<br>325 S. Kans  | ss (Street, City, State,<br>sas Avenue, Suite 5 | Zip Code)<br>00 Topeka, KS 66612                             | Business Telephone<br>( 785 ) 354-7770                        |             |  |  |  |  |
|   |  | OR CONNECTED O                                  | RGANIZATIONS   |   |             |  |  |  |  |
| Na  | me<br>National Association of Insurance and Financial Advisors of Kansas                                       |   |  |   |             |  |  |  |  |
| - 4   | Mailing Address (Street, City, State, Zip Code) 825 S. Kansas Avenue, Suite 500 Topeka, KS 66612               |   |  |   |             |  |  |  |  |
| If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors. |  |   |  |   |             |  |  |  |  |
| ʻʻI d<br>beli   | ef is true, co   | rrect and complete. I                           | understand that the intention<br>at is a class A misdemeanor | e best of my knowledge and onal failure to file this document |             |  |  |  |  |
| Gov   | ommental Et  | hics Commission                                 |  |   | Rev.2000    |  |  |  |  |

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## STATEMENT OF ORGANIZATION

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|----------------------------------|--|---|------------------|--------------------|-----------------------|-----------------------|--|--|--|--|--|
|                                  |  | (See Reverse S  | Side For Inst    | ructions)          |                       |                       |  |  |  |  |  |
|                                  | This is a (check one)  | Party Cor   | nmittee 🗸        | Political Action   | Committee             |                       |  |  |  |  |  |
|                                  | This is an (check one)   | Initial St  | atement          | Amended State      | ement                 |                       |  |  |  |  |  |
|                                  |  |   |                  | <del></del>        |                       |                       |  |  |  |  |  |
| COMMITTEE (PLEASE TYPE OR PRINT) |  |   |                  |                    |                       |                       |  |  |  |  |  |
| Name Nation                      | al Association of Ins  | surance and f   | Financial Ad     | lvisors of Kan     | sas Political         | Action Commi          |  |  |  |  |  |
| •                                | ss (Street, City, State, as Avenue, Suite 50   | -   | (S 66612         | Business (785)     | Telephone<br>354-7770 |                       |  |  |  |  |  |
| CHAIRPERSO                       | ON   |   |                  |                    |                       | ·                     |  |  |  |  |  |
| Name<br>Bob R                    | eynolds  | Home Telephone<br>( 785 ) 826-9545                          |                  |                    |                       |                       |  |  |  |  |  |
|                                  | ss (Street, City, State, ublic Salina, KS 67   | Business Telephone<br>( 785 ) <del>827-755</del> 4 825-7730 |                  |                    |                       |                       |  |  |  |  |  |
|                                  | त्याकार के पुरुष्क कृतिक है।<br>१९५५ - १९५४ प्राप्ता कुल्ला कि   |   | •                | • •                | gr. 480 % (7), % (8)  |                       |  |  |  |  |  |
| Name                             | use is timus mas septint<br>a Braden   |   |                  |                    | ephone<br>542-4266    |                       |  |  |  |  |  |
| Mailing Addre<br>825 S. Kan      | ss (Street, City, State, sas Avenue, Suite 5   | Zip Code)<br>00 Topeka,                                     | KS 66612         | Business (785)     | Telephone<br>354-7770 | )                     |  |  |  |  |  |
| AFFILIATED                       | OR CONNECTED O   | RGANIZATIO  | ONS              |                    |                       |                       |  |  |  |  |  |
| Name Nation                      | al Association of Ins  | urance and F  | Financial Ac     | lvisors of Kan     | sas                   |                       |  |  |  |  |  |
| _                                | ss (Street, City, State,<br>as Avenue, Suite 50  | -   | (S 66612         |                    | <del></del>           |                       |  |  |  |  |  |
| If not connected of              | or affiliated with an orga   | nization, ident   | ify the trade, p | profession, or pri | imary interest        | of the contributors.  |  |  |  |  |  |
|                                  | The second secon | · .   |                  |                    |                       | and the second second |  |  |  |  |  |
| SIGNATURE: "I declare that t     | his statement has been   | examined by   | me and to the    | e hest of my kn    | owledge and           | :                     |  |  |  |  |  |
|                                  | orrect and complete. I   |   |                  |                    | _                     |                       |  |  |  |  |  |
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| 6/2                              | 110  |   | 12               | Mana               | <u></u>               |                       |  |  |  |  |  |
| (Date)                           |  |   | (Signature o     | of Chairperson)    |                       |                       |  |  |  |  |  |