## STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES (See Reverse Side For Instructions) Political Action Committee This is a (check one) Party Committee This is an (check one) Amended Statement Initial Statement KRIS W KOBACH **COMMITTEE** (PLEASE TYPE OR PRINT) Name\_ Mailing Address (Street, City, State, Zip Code) **Business Telephone** Marcella Dr **CHAIRPERSON** Home Telephone Name **Business Telephone** Mailing Address (Street, City, State, Zip Code) TREASURER Name Home Telephone (785) 493 -0120Mailing Address (Street, City, State, Zip Code) **Business Telephone** Marcella Dr Salina KS 674011 AFFILIATED OR CONNECTED ORGANIZATIONS 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. 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." Governmental Ethics Commission

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## STATEMENT OF ORGANIZATION

## FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)						
	This is a (check one)	Party Co	mmittee	Politic	al Action Committe	JUN 29 2012
	This is an (check one)	Initial S	tatement	Amen	ided Statements G	29
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COMMITTEE (PLEASE TYPE OR PRINT)						
Name Pol	Itical Advoc	ary 7	ram	<u> </u>	Salina	NEA PAC
Mailing Addre	ess (Street, City, State,	Zip Code)		B (	usiness Telepho	ne
CHAIRPERSO	ON					
Name Name	one Currenti	<b>'</b>	<u> </u>	Ho (	me Telephone )	
Mailing Addre	ess (Street, City, State,	Źip Code)		B (	usiness Telepho	ne
TREASURER						
Name Sha	ron Wisdom	1		Ho ( -	me Telephone 185-) 49 3	-0120
	ess (Street, City, State,  Marcella		g ling		usiness Telepho )	ne
	OR CONNECTED O	,	ONS_			
Name Sa	ilina NEA					
Mailing Addre	ess (Street, City, State,	Zip Code)				
If not connected	or affiliated with an orga	anization, iden	tify the trac	le, professio	on, or primary int	erest of the contributors.
SIGNATURE:		examined by	me and to	the best of	f my knowledge	and
"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 $6/27/16$	filing a false documer	at is a class A		Min		
(Date) /	Ethics Commission		(Signatui	re of Chair	person) Ormer Cha	Rev. 2000
Governmental E	rance Comminesion				•	/ Rev.2000

STATEMENT OF ORGANIZATION ITICAL ACTION COMMITTEES AND PARTY COMMITTEES Governmental Ethios Commission 109 WEST 9TH STREET TOHEKA, KANSAS 66612 (See Reverse Side For Instructions) Political Action Committee Party Committee This is a (check one) This is an (check one) Initial Statement Amended Statement COMMITTEE (PLEASE TYPE OR PRINT) Name / Mailing Address (Street, City, State, Zip Code) Business Telephone CHAIRPERSON Name / Home Telephone (785) 493-01210 Mailing Address (Street, City, State, Zip Code) Business Telephone Salina KS 67401 (785) 309-TREASURER Home Telephone Nisdem Same Mailing Address (Street, City, State, Zip Code) Business Telephone as about AFFILIATED OR CONNECTED ORGANIZATIONS 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.

SIGNATURE:

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(Date)

(Signature of Chairperson)

Governmental Ethics Commission

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