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STATEMENT OF ORGANIZATION	
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMI	TEES -
	FILED
(See Reverse Side For Instructions)	JUL 0 9 2012
This is a (check one)  Party Committee  Political Action Committee	30L 0 8 2012
This is an (check one) Initial Statement Amended Statement	KRIS W. KOBACH SECRETARY OF STAT
COMMITTEE (PLEASE TYPE OR PRINT)	
Name O	
Name Propane Marketers Assoc. of Kansas PAC	
Mailing Address (Street, City, State, Zip Code)  540 NW Broad 54. Topeka Ks. 785-354-17  66608	49
66608	
CHAIRPERSON	
Name Home Telephone  Don Reinert and Arman Arman Arman Arman ( ) a	egeneral (
Mailing Address (Street, City, State, Zip Code)  14300 E. 615 N., Wickita, 45. 67228  Business Telephone (316) 744-6722	
TREASURER To the second consideration of the same of the second of the s	er in the same
Name G (25 No 11 Home Telephone (785 ) 633 + 5587	
Mailing Address (Street, City, State, Zip Code),  540 N W Broad Tope ko K5 (285) 354-1749	
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name Propane Marketers Assoc. of Kanses	
Mailing Address (Street, City, State, Zip Code) 540 NW Broad Topeka K5 66608	
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the	e 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 misdemeasure.	
// // // //	
(Date) (Signature of Chairperson)	
Governmental Ethics Commission	Rev.2000

## NOTE: ADDRESS Change

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JUN 2 9 20 2

KRIS W. KOBACH SECRETARY OF STATE

## STATEMENT OF ORGANIZATION

SEC	RETARY OF STAT
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITT	EES
(See Reverse Side For Instructions)	
This is a (check one) Party Committee Political Action Committee	NEO
This is an (check one) Initial Statement Amended Statement	2ñt2
COMMITTEE (PLEASE TYPE OR PRINT) NS GOVERNMENT	Commise 3
Name Propane Marketers Assoc. of Kansas PAC	
Mailing Address (Street, City, State, Zip Code)  540 NW Broad 54. Topeka Ks. 785-354-174	-9
CHAIRPERSON	_
Name Greg No // Home Telephone (785) 633-5587	
Mailing Address (Street, City, State, Zip Code)  540 NW Broad St. Topak, KS (785) 354-1749	
TREASURER	
Name Don Reinert Home Telephone	-
Mailing Address (Street, City, State, Zip Code), Business Telephone 14300 5. 615 N., Wichta KS 67228 (316) 744-6722	_
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 c	ontributors.
SIGNATURE:	<del></del>
"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 misdemearor.	·
6/28/12 My NO	`
(Date) (Signature of Chairperson)	-
Governmental Ethics Commission	Rev.2000

STATEMENT OF ORGANIZATION FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES IN JUL 07 2011 (See Reverse Side For Instructions) KRIS W KOBACH Political Action Committee This is a (check one) Party Committee This is an (check one) Initial Statement Amended Statement COMMITTEE (PLEASE TYPE OR PRINT) Name Propane Marketers Association of Kansas PAC Mailing Address (Street, City, State, Zip Code) Business Telephone 501 SE Jefferson St. Svite 2000 Topeka, Kanses, 66607 (785-) 354-1749 CHAIRPERSON Name Home Telephone Don Reinert (620)382 - 5923Mailing Address (Street, City, State, Zip Code)

14300 E.615 St. North Wichita KS

(316)744-6722 TREASURER Name Greg Noll Home Telephone (785) 633-5587 Mailing Address (Street, City, State, Zip Code) Business Telephone 50, SE Jefferson St. Suite 2000 Tupeka, KS. 66607 ( 785 ) 354·1749 AFFILIATED OR CONNECTED ORGANIZATIONS Name Propane Marketers Association of Kansas ing Address (Street, City, State, Zip Code) 501 SE Jefferson St., Soite 2000, Topeka, KS 66607 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." (Signature of Chairperson) Governmental Ethics Commission Rev.2000