STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

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(See Reverse Side	For Instructions) JUN 2 4 2	042
This is a (check one) Party Commit	ttee Political Action Committee	013
This is an (check one) Initial Statem	ttee Political Action Committee KS Governmental Ethic	E Cortinis
COMMITTEE (PLEASE TYP)	E OR PRINT)	
Name Farmers Insurance Employee & Agent Poli	itical Action Committee of Kansas	
Mailing Address (Street, City, State, Zip Code) 11880 College Blvd. Ste. 120 Overland Park, KS	Business Telephone S. 66210 (913) 234 3902	
CHAIRPERSON		
Name Paul Crosetti	Home Telephone (816) 377 1299	
Mailing Address (Street, City, State, Zip Code) 11880 College Blvd. Ste. 120 Overland Park, KS	Business Telephone 6. 66210 (913) 234 3931	
TREASURER		
Name Russ Brown	Home Telephone (913) 837 7220	
Mailing Address (Street, City, State, Zip Code) 13200 Metcalf Ave. Ste. 190 Overland Park, KS	Business Telephone	
AFFILIATED OR CONNECTED ORGANIZATIONS		
Name Farmers Insurance Exchange		$\exists 1$
Mailing Address (Street, City, State, Zip Code)		
17000 W. 119 Street Olathe, KS. 66061		
f not connected or affiliated with an organization, identify th	he trade, profession, or primary interest of the contributo	ors.
SIGNATURE:		-
'I declare that this statement has been examined by me a	and to the best of my knowledge and	
belief is true, correct and complete. I understand that the		
or intentionally filing a false document is a class A misd	lemeanor."	
$\frac{6 \cdot 21 \cdot 2013}{\text{(Date)}}$ (Signate)	and (was)	
(Date) (Sig	gnature of Chairperson)	
Sovernmental Ethics Commission	Rev 20	000

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No. 4261 P. 2

STATEMENT OF ORGANIZATION

FOR PO	DLITICAL ACTI	ON COMMITTE	ES A	ND PAI	RTY COMM	ITRÉES
•		(See Reverse Side For	Inetmet	tions)		ā.
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		<u></u>	 		,	
	This is an (check one)	Initial Statement	<u> </u> ▼	Amended Ste	itement.	
COMMITTEE	3	(PLEASE TYPE O	RPRIN	Ŋ		
Name Farme	ers Insurance Emplo	yee & Agent Political	Action	Committe	ee of Kansas	
	ess (Street, City, State, ege Blvd. Ste. 120 O	Zip Code) verland Park, KS. 66	210	Busines (913	s Telephone) 234–3902	
CHAIRPERSO	ON .					•
Name Paul C	Crosettí			Home Te	lephone) 377–1299	
	ss (Street, City, State, ge Blvd. Ste. 120 O	Zip Code) verland Park, KS. 66	210		s Telephone) 234-3931	
TREASURER		,			•	
Name				Home Te	lephone	
David	Kerr		' 	(661) 313-22 <u>55</u>	
Mailing Addro 17000 W, 1	ss (Street, City, State, 119 Street Olathe, K	Zip Code) S. 66061		Business (913	Telephone) 860-2815	
AFFILIATED	OR CONNECTED O	RGANIZATIONS				
Name Farme	rs Insurance Exchar	1ge				
_	ss (Street, City, State,		•			•
17000 W. 11	19 Street Olathe, KS	_ 66061				
f not connected o	or affiliated with an orga	mization, identify the tra	de, profe	ession, or pr	imary interest of t	he contributors.
SIGNATURE:	•					
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		understand that the inte it is a class A misdemen		failure to 1	ile this documen	t
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(Date)		(Signatu	re of Ch	minerson)		
Fovernmental B	thics Commission				•	Rev.2000

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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: Farmers Employee and Agent PAC

Address: 11880 College BLVD 201A

Address2:

City: Overland Park State: KS Zip: 66210

Business Phone: (913) 219-2296

Email Address: lee.wright@farmersinsurance.com

Chairperson Name: Paul Crosetti

Address: 11880 College Blvd Ste 120

Address2:

City: Overland Park State: KS Zip: 66210

Home Telephone: (913) 234-3931 Business Phone: (913) 234-3931

Email Address: Paul.Crosetti@farmersinsurance.com

Treasurer

Name: David Kerr

Address: 17150 W 118TH TER

Address2:

City: Olathe State: KS Zip:66061

Home Telephone: (913) 826-8390 Business Phone: (913) 826-8390

Email Address: David.Kerr@farmersinsurance.com

Affiliated or Connected Organizations Name: Address:

Address2:

City: State: Zip:

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: 1/10/2012 4:18:11 PM Signature of Chairperson: Paul Crosetti

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STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES A	AND PARTY COMMITTEES					
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 PRIN	VT)					
Name Farmers Insurance Employee & Agent Political Actio	n Committee of Kansas					
Mailing Address (Street, City, State, Zip Code) 11880 College Blvd. Ste. 120 Overland Park, KS. 66210	Business Telephone (913) 234 - 3902					
CHAIRPERSON						
Name Paul Crosetti	Home Telephone (816) 377 - 1299					
Mailing Address (Street, City, State, Zip Code) 11880 College Blvd. Ste. 120 Overland Park, KS. 66210	Business Telephone (913) 234 - 3931					
TREASURER						
Name David Kerr	Home Telephone (661) 313 - 2255 _					
Mailing Address (Street, City, State, Zip Code) 17150 W. 118 Terrace Olathe, KS. 66061	Business Telephone (913) 826 - 8390					
AFFILIATED OR CONNECTED ORGANIZATIONS	·					
Name Farmers Insurance Exchange						
Mailing Address (Street, City, State, Zip Code) 17000 W. 119th Street Olathe, KS. 66061						
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(Date) (Signature of	Chairperson)					
Governmental Ethics Commission	Rev.2000					