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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 State Rifle Association PAC**
Address: **P. O. Box 219**
Address2:
City: **Bonner Springs** State: **KS** Zip: **66012-0219**
Business Phone: **(913) 608-1910**
Email Address: **pstoneking@ksraweb.org**

Chairperson

Name: **Patricia Stoneking**
Address: **P. O. Box 117**
Address2:
City: **Bonner Springs** State: **KS** Zip:
Home Telephone: **(913) 667-3044** Business Phone: **(913) 667-3044**
Email Address: **pstoneking@ksraweb.org**

Treasurer

Name: **Patricia Stoneking**
Address: **P. O. Box 117**
Address2:
City: **Bonner Springs** State: **KS** Zip: **66012-0117**
Home Telephone: **(913) 667-3044** Business Phone: **(913) 667-3044**
Email Address: **pstoneking@ksraweb.org**

Affiliated or Connected Organizations

Name: **Kansas State Rifle Association Inc**
Address: **P. O. Box 219**
Address2:
City: **Bonner Springs** State: **KS** Zip: **66012-0219**

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: **7/27/2012 2:33:38 PM** Signature of Chairperson: **Patricia A. Stoneking**

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CommitteeName: **Kansas State Rifle Association PAC**Address: **P. O. Box 219**City: **Bonner Springs** State: **KS** Zip: **66012-0219**Business Phone: **9136081910**Email Address: **pstoneking@ksraweb.org****Chairperson**Name: **Patricia Stoneking**Address: **P. O. Box 117**City: **Bonner Springs** State: **KS** Zip: **66012-0117**Home Telephone: **9134414436** Business Phone: **9136673044**Email Address: **pstoneking@ksraweb.org****Treasurer**Name: **Patricia Stoneking**Address: **P. O. Box 117**City: **Bonner Springs** State: **KS** Zip: **66012-0117**Home Telephone: **9134414436** Business Phone: **9136673044**Email Address: **pstoneking@ksraweb.org****Affiliated or Connected
Organizations**Name: **Kansas State Rifle Association Inc**Address: **P. O. Box 219**City: **Bonner Springs** State: **KS** Zip: **66012-0219**

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Executed on:

Date: **5/19/2010 12:02:41 PM** Signature of Chairperson: **Patricia Stoneking**[Print this form](#) or [Go Back](#)