STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

		(See Reverse Side	For:Instruction	us)	The farm	
	This is a (check one) This is an (check one)	Party Commit Initial Statem	. —	ical Action Committ ended Statement	ME LIME	The suppose
COMMITTEE		(PLEASE TYP	E OR PRINT)	A COLUMN	er e	
Name Prairie	Fire					
	ess (Street, City, State, ms Ave. Topeka, K			Business Telepho 785) 633-0		
CHAIRPERSO	ON		. *	•		
Name Kris W	/. Kobach	·	. H	ome Telephone)		
	ess (Street, City, State, oth Piper, KS 66109	Zip Code)		Business Telepho 785) 633-0		
TREASURER			·			. <u>-</u>
Name Merile	e Martin	_	H (ome Telephone		
	ss (Street, City, State, Sims Ave. Topeka, k			Business Telepho 785) 633-	one 0240	
AFFILIATED	OR CONNECTED O	RGANIZATIONS				
Name None						
Mailing Addre	ss (Street, City, State,	Zip Code)				
not connected of Leadership P	or affiliated with an org	anization, identify t	he trade, profess	ion, or primary in	erest of the con	tributors
belief is true, co	his statement has beer prrect and complete. I filing a false docume	understand that th	e intentional fa	•	_	
$\frac{2/(5/)}{\text{(Date)}}$	12	Si	gnature of Char	rperson)		
laviammantal E	thias Commission	•			· ,	· · · · · · · · · · · · · · · · · · ·