STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

_	(See Reverse Side For Instructions)				RECEIVED
	This is a (check one)	Party Committee	Political Action C	ommittee	IIII 1 5 0041
	This is an (check one)	Initial Statement	Amended Statem	ent	JUL 1 5 2014
COLOGRATICE		OI EASE TYPE O	D DDINITY	SE	KRIS W. KOBACH CRETARY OF STAT
COMMITTEE (PLEASE TYPE OR PRINT)					
Name Committee on Political Education					
Mailing Address (Street, City, State, Zip Code) 1603 NW Taylor, Topeka, Ks. 66608 Business Telephone (785) 234-568				elephone 234-5688	
CHAIRPERSO	N				
Name Jody Juarez Home Telephone				hone	
Mailing Address (Street, City, State, Zip Code) Business Telephon 1603 NW Taylor, Topeka, Ks. 66608 (785) 234-56				elephone 234-5688	
TREASURER					
Name	•		Home Telep	hone	
Scott Tummons Mailing Address (Street, City, State, Zip Code) Business Telephone 1603 NW Taylor, Topeka, Ks. 66608 Business Telephone (785) 234-56				elephone 234-5688	
AFFILIATED (OR CONNECTED O	RGANIZATIONS		_	
Name United Steelworkers Local 307					
Mailing Address (Street, City, State, Zip Code) 1603 NW Taylor, Topeka, Ks. 66608					
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 misde/meanor."					
(Date) (Signature of Chairperson)					
(Date) (Signature of Chairperson)					
	thics Commission	V	• 6		Rev.2000

RECEIVED RON THORNBURGH STATEMENT OF ORGANIZATION MAY 27 2009 CAL ACTION COMMITTEES AND PARTY COMMITTEES. COM mission (See Reverse Side For Instructions) Political Action Committee This is a (check one) Party Committee Initial Statement Amended Statement This is an (check one) **COMMITTEE** (PLEASE TYPE OR PRINT) Mailing Address (Street, City, State, Zip Code) Business Telephone **CHAIRPERSON** Home Telephone Name Business Telephone Mailing Address (Street, City, State, Zip Code) **TREASURER** Name Home Telephone Mailing Address (Street, City, State, Zip Code) 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,"

(Signature of Chairperson)

Governmental Ethics Commission

Rev.2000