Rev.2000

Governmental Ethics Commission

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STATEMENT OF ORGA	NIZATION	JUL 23 2014
FOR POLITICAL ACTION COMMITTEES	AND PARTY CO	
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This is a (check one) Party Committee	Political Action Committee	ies
This is an (check one) Initial Statement	Amended Statement	
COMMITTEE (PLEASE TYPE OR PRI	NT)	
Name Community Barkers PAC		
Mailing Address (Street, City, State, Zip Code) 1414 Sty Ashworth Place Suite 200 Topella KS 66604	Business Telepho	
CHAIRPERSON		
Name	Home Telephone	
Jay Kennedy	()	
Mailing Address (Street, City, State, Zip Code)	Business Telepho	one
TREASURER		
Name Shawn Mitchell	Home Telephone	
Mailing Address (Street, City, State, Zip Code)	Business Telepho	one
"same as above"		
AFFILIATED OR CONNECTED ORGANIZATIONS	<u></u>	
Name		
Community Banker Association of KS & Community Ban Mailing Address (Street, City, State, Zip Code)	kers Service, Dru	<u> </u>
Mailing Address (Street, City, State, Zip Code) (1) Same as above "		
Sume at above		
If not connected or affiliated with an organization, identify the trade, pr	rofession, or primary int	erest of the contributors.
SIGNATURE:		
"I declare that this statement has been examined by me and to the belief is true, correct and complete. I understand that the intention		
or intentionally filing a false document is a class A misdemeanor.		10 caryons
	П	_ -
7-16-14 (Date) (Signature of	f Chairperson)	<u></u>

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STATEMENT OF ORGANIZATION

JUN 2 5 2014

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES ACH SECRETARY OF STATE

(Se	e Reverse Side For Instructions)
This is a (check one)	Party Committee Political Action Committee
This is an (check one)	Initial Statement Amended Statement
	
	PLEASE TYPE OR PRINT)
Name Community Barkers	PAC
Mailing Address (Street, City, State, Zip 1414 Sh Ashwarth Mace Suite 200 Topella	Code) Business Telephone (785) 271-1404
	2,000
CHAIRPERSON	. Home Telephone
Name Jay Kennedy	Home Telephone ()
Mailing Address (Street, City, State, Zip	
34376 2(3 440)/	
TREASURER	
Name Shawn Mitchell	Home Telephone
Mailing Address (Street, City, State, Zip	· · · · · · · · · · · · · · · · · · ·
"Same as above	2" ()
AFFILIATED OR CONNECTED ORG	ANIZATIONS
Name	
Community Banker Association of	CS & Community Bankers Services, Dr.C.
Mailing Address (Street, City, State, Zip	
Same as as	NC .
If not connected or affiliated with an organiz	ration, identify the trade, profession, or primary interest of the contributors.
SIGNATURE:	we will send the final Signed copy amined by me and to the best of my knowledge and in July.
	amined by me and to the best of my knowledge and
	derstand that the intentional failure to file this document
or intentionally filing a false document is	s a class A misdemeanor."
·	
(Date)	(Signature of Chairperson)
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JUL 05 2013

STATEMENT OF ORGANIZATION

				KRIS W. KOBLO
FOR PC	LITICAL ACT	ON COMMITTE	EES AND PARTY COM	I AFADET/ DV AUGST
		(See Reverse Side For		ì
	This is a (check one)	Party Committee	Political Action Committee	
	This is an (check one)	Initial Statement	Amended Statement	
COMMITTEE	·	(PLEASE TYPE OI	R PRINT)	
Name Com	munity Barker	* PAC		
Mailing Addre	ess (Street, City, State,		Business Telephone 6604 (785) 271-140	94
CHAIRPERSO	ON			
Name Boad	Yaegar		Home Telephone ()	
_	ess (Street, City, State,	Zip Code)	Business Telephone	
TREASURER				
Name Sh	aun Mitche		Home Telephone	
Mailing Addre	ss (Street, City, State,	Zip Code)	Business Telephone	
	Som as about		()	
AFFII IATED	OR CONNECTED O	RGANIZATIONS		ľ
Name Communic	ty Barker Ass	estand KS & Com	wenity Bankers Services;	Inc.
Mailing Addre	ss (Street, City, State,			
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f not connected	or affiliated with an org	anization, identify the tr	ade, profession, or primary interest	of the contributors.
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$\frac{7/1/1}{\text{(Date)}}$	3	(Signat	ure of Chairperson)	
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