STATEMENT OF ORGA	NIZATION					
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES						
(See Reverse Side For Instr	ructions)	FILED				
This is a (check one) Party Committee	Political Action Commit	JAN 1.2 2015				
This is an (check one)  Initial Statement	Amended Statement	JAN 1, & 2010				
This is an (check one)		KRIS W. KOBACH SECRETARY OF STATE				
COMMITTEE (PLEASE TYPE OR PRINT)						
Name Kansas Bankers Association PAC						
Mailing Address (Street, City, State, Zip Code) PO Box 4407, Topeka, Kansas 66604	one 3444					
1 O Box 4407, Topeka, Kansas 00004	(785 ) 232-	<del>5111</del>				
CHAIRPERSON						
Lyndon Wells Home Telephone						
Mailing Address (Street, City, State, Zip Code) Intrust Bank, N.A., 105 N. Main, Wichita, KS 67202	Business Telephone ( 316 ) 383-1 <del>234</del> / 218					
TREASURER						
Name	Home Telephone					
Julie Taylor	()					
Mailing Address (Street, City, State, Zip Code)  KS Bankers Assoc., PO Box 4407, Topeka, KS 66604  Business Telephone (785) 232-3444						
AFFILIATED OR CONNECTED ORGANIZATIONS						
Name American Bankers Association						
Mailing Address (Street, City, State, Zip Code)						
1120 Connecticut Avenue NW, Washington, DC 20036						
If not connected or affiliated with an organization, identify the trade, p	profession, or primary in	nterest of the contributors.				
GLGN/ATTIDE						
SIGNATURE: "I declare that this statement has been examined by me and to the	e best of my knowleds	oe and				
belief is true, correct and complete. I understand that the intention	· · · · · · · · · · · · · · · · · · ·	-				
or intentionally filing a false document is a class A misdemeanor	r."					
(Date) (Signature of Chairperson)						
(Date) (Signature of	of Chairperson)					
Governmental Ethics Commission		Rev.2000				

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES							
FOR POLIFICAL 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	Amende	d Statement	]		
COMMITTER	3	(PLEASE TYPE OR	PRINT)				
Name Kansa	as Bankers Associati	ion PAC					
	ess (Street, City, State, rporate View, Topek		Busi ( <b>78</b> 5	iness Telephone ) 232-3444	4		
CHAIRPERSO	ON	•					
Name Clark	Boyer, KANZA Bank	· · · · · · · · · · · · · · · · · · ·	Home (	e Telephone )			
	ess (Street, City, State, n, Kingman, KS 6706		Busi ( 620	iness Telephone 0 ) 532-582	1		
TREASURER	·						
Name Julie	Гауlor, Kansas Bank	ers Association	Home ( 785	e Telephone 5 <u>)</u> 256-206	60		
Mailing Addre	ess (Street, City, State, orporate View, Tope	Zip Code) ka, KS 66615	Busi ( 785	iness Telephone  5 ) 232-344	14		
AFFILIATED	OR CONNECTED O	RGANIZATIONS		·			
Name Ameri	can Bankers Associ	ation					
	ess (Street, City, State, ecticut Ave., NW, Wa	Zip Code) ashington, D.C. 2003	3				
If not connected		anization, identify the tra			st of the contributors.		
belief is true, co	: this statement has beer orrect and complete. I	n examined by me and t understand that the int nt is a class A misdeme	o the best of n	ny knowledge an re to file this docu			
. ,		( 2		V /			

Governmental Ethics Commission

Rev.2000