10:35:50 s.m. 10-27-2014 1 Ifrontier Community

2014-10-27 10:35 1Frontier Community

913 946 1406 >>

3162062203 P 1/1

| FOR PO | (Se | e Reverse Side For | | FILED |
|-----------------------------------------|----------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------|-------------------------------------------------|
| | This is a (check onc) | Party Committee Initial Statement | Political Action Committee Amended Statement | OCT 27204 KRIS W. KOBACH SECRETARY OF STA |
| COMMITTEE | (| PLEASE TYPE O | R PRINT) | SECRETART OF ST |
| Name Kansa | s Credit Union Legislat | ive Action Comm | hittee | |
| | ss (Street, City, State, Zip ze Ct. Suite 100. Wichit | | Business Telephone (800) 362-2076 | |
| CHAIRPERSO | N | | | |
| Name Don H | oman | | Home Telephone (913) 709-7064 | |
| Mailing Addre 2544 N Mai | ss (Street, City, State, Zir ze Ct, Suite 100, Wichit | o Code) ta, KS 67205 | Business Telephone (800) 362-2076 | |
| TREASURER | | | | |
| Name Maria | Marsh | | Home Telephone (316) 832-1749 | |
| Mailing Addre 2544 N Ma | ss (Street, City, State, Zip ize Ct, Suite 100, Wich | Code) ita, KS 67205 | Business Telephone (800) 362-2076 | |
| AFFILIATED | OR CONNECTED ORG | ANIZATIONS | | |
| Name | s Credit Union Associa | | | |
| | ss (Street, City, State, Zip ze Ct, Suite 100, Wichit | | | |
| f not connected | or affiliated with an organiz | ration, identify the t | rade, profession, or primary interest of | of the contributors. |
| | | | | |
| SIGNATURE: | | | | |
| "I declare that t belief is true, co | his statement has been ex | derstand that the in | to the best of my knowledge and attentional failure to file this docum | ent |
| D/27 | ling a tase document is | a class A missem | Steller | |
| (Date) | 14 | (Signa | ture of Chairperson) | |
| | | | | Rev.2000 |

| STATEMENT OF ORGANIZATION | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITFIES | > |
| (See Reverse Side For Instructions) This is a (check one) Party Committee Political Action Committee | |
| This is an (check one) Initial Statement Amended Statement KRIS W. KOBA | STATE |
| COMMITTEE (PLEASE TYPE OR PRINT) | _ |
| Name KS Credit Union Legislative Action Committee | |
| Mailing Address (Street, City, State, Zip Code)Business Telephone2872 N. Ridge Road, Suite 122, Wichita, KS 67205(800) 362-2076 | |
| CHAIRPERSON | _ |
| NameHome TelephoneDonald E. Homan(913) 709-7064 | |
| Mailing Address (Street, City, State, Zip Code)Business Telephone2872 N. Ridge Road, Suite 122, Wichita, KS 67205(800) 362-2076 | |
| TREASURER | |
| NameHome TelephoneMarla Marsh(316) 832-1749 | |
| Mailing Address (Street, City, State, Zip Code)Business Telephone2872 N. Ridge Road, Suite 122, Wichita, KS 67205(800)362-2076 | |
| AFFILIATED OR CONNECTED ORGANIZATIONS | |
| Name Kansas Credit Union Association | |
| Mailing Address (Street, City, State, Zip Code) 2872 N. Ridge Road, Suite 122, Wichita, KS 67205 | |
| If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributor | . 'S . |
| | |
| 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." | |
| <u>(Jpii 18, 2014</u> (Date) (Signature of Chairperson) | |
| Governmental Ethics Commission Rev.200 |)0 |

| (See Reverse Side For Instructions) | FILE |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| Constructions Constructions This is a (check one) Party Committee This is an (check one) Initial Statement This is an (check one) Initial Statement | JUL 102 KRISW KOBA |
| COMMITTEE (PLEASE TYPE OR PRINT) | SECRETARY OF |
| Name KS Credit Union Legislative Action Committee | |
| Mailing Address (Street, City, State, Zip Code)Business Telephone2872 N Ridge Road, Suite 122, Wichita, KS 67205(800) 362-2076 | |
| CHAIRPERSON | |
| NameHome TelephoneJames D. Holt(316) 755-0211 | |
| Mailing Address (Street, City, State, Zip Code)Business Telephone2872 N Ridge Road, Suite 122, Wichita, KS 67205(800) 362-2076 | |
| TREASURER | |
| Name Marla Marsh (316) 832-1749 | |
| Mailing Address (Street, City, State, Zip Code)Business Telephone2872 N Ridge Road, Suite 122, Wichita, KS 67205(800)362-2076 | |
| AFFILIATED OR CONNECTED ORGANIZATIONS | |
| Name KS Credit Union Association | |
| | : 14 M V |
| | |
| Mailing Address (Street, City, State, Zip Code) 2872 N Ridge Road, Suite 122, Wichita, KS 67205 | |
| Mailing Address (Street, City, State, Zip Code) 2872 N Ridge Road, Suite 122, Wichita, KS 67205 | of the contributors. |
| Mailing Address (Street, City, State, Zip Code) | of the contributors. |
| Mailing Address (Street, City, State, Zip Code) 2872 N Ridge Road, Suite 122, Wichita, KS 67205 f not connected or affiliated with an organization, identify the trade, profession, or primary interest of | of the contributors. |
| Mailing Address (Street, City, State, Zip Code) 2872 N Ridge Road, Suite 122, Wichita, KS 67205 f not connected or affiliated with an organization, identify the trade, profession, or primary interest of SIGNATURE: | of the contributors. |
| Mailing Address (Street, City, State, Zip Code) 2872 N Ridge Road, Suite 122, Wichita, KS 67205 f not connected or affiliated with an organization, identify the trade, profession, or primary interest of | |
| Mailing Address (Street, City, State, Zip Code) 2872 N Ridge Road, Suite 122, Wichita, KS 67205 fnot connected or affiliated with an organization, identify the trade, profession, or primary interest of SIGNATURE: 'I declare that this statement has been examined by me and to the best of my knowledge and | |
| Mailing Address (Street, City, State, Zip Code) 2872 N Ridge Road, Suite 122, Wichita, KS 67205 f not connected or affiliated with an organization, identify the trade, profession, or primary interest of 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 docum | |

- ·