

STATEMENT OF ORGANIZATION  
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

**FILED**  
JUL 14 2014  
KRIS W. KOBACH  
SECRETARY OF STATE

(See Reverse Side For Instructions)

This is a (check one)	<input type="checkbox"/> Party Committee	<input checked="" type="checkbox"/> Political Action Committee
This is an (check one)	<input type="checkbox"/> Initial Statement	<input type="checkbox"/> Amended Statement

COMMITTEE (PLEASE TYPE OR PRINT)

Name	Kansas Independent Business PAC	
Mailing Address (Street, City, State, Zip Code)	Business Telephone	
200 E. First St., Ste. 101, Wichita 67202	(316) 201-3264	

CHAIRPERSON

Name	Home Telephone
Pete Schrepferman	(316) 619-4112
Mailing Address (Street, City, State, Zip Code)	Business Telephone
200 E. First St., Ste. 101, Wichita 67202	(316) 267-3629

TREASURER

Name	Home Telephone
Howard Redburn	(316) 684-1865
Mailing Address (Street, City, State, Zip Code)	Business Telephone
200 E. First St., Ste. 101, Wichita 67202	(316) 943-1731

AFFILIATED OR CONNECTED ORGANIZATIONS

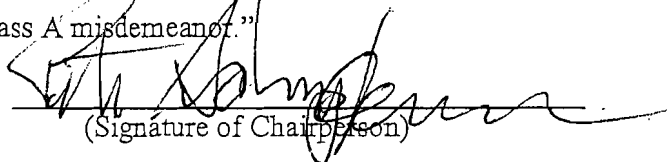
Name	Wichita Independent Business Association
Mailing Address (Street, City, State, Zip Code)	200 E. First St., Ste. 101, Wichita 67202

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."

7-11-2014  
(Date)

  
(Signature of Chairperson)

STATEMENT OF ORGANIZATION

RECEIVED

JUL 05 2012

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

KS Governmental Ethics Commission

(See Reverse Side For Instructions)

This is a (check one)	<input type="checkbox"/> Party Committee	<input checked="" type="checkbox"/> Political Action Committee
This is an (check one)	<input type="checkbox"/> Initial Statement	<input type="checkbox"/> Amended Statement

COMMITTEE (PLEASE TYPE OR PRINT)

Name  
*Kansas Independent Business PAC, Inc.*

Mailing Address (Street, City, State, Zip Code) Business Telephone  
*200 E. First St., Ste. 101, Wichita, KS 67202 (316) 201-3264*

CHAIRPERSON

Name Home Telephone  
*Pete Schrepferman (316) 636-2832*

Mailing Address (Street, City, State, Zip Code) Business Telephone  
*1320 E. 2nd St., Wichita, KS 67214-4018 (316) 267-3629*

TREASURER

Name Home Telephone  
*Wayne Roberts (316) 201-1245*

Mailing Address (Street, City, State, Zip Code) Business Telephone  
*1910 N. Cranbrook 67206 (316) 688-8621*

AFFILIATED OR CONNECTED ORGANIZATIONS

Name  
*Wichita Independent Business Association/Kansas Independent Business Coalition*

Mailing Address (Street, City, State, Zip Code)  
*200 E. First St., Ste. 101, Wichita, KS 67202*

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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."

*7-3-12*  
(Date)

*[Signature]*  
(Signature of Chairperson)