STATEMENT OF ORGANIZATION			
FOR POLITICAL 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 🖌 Amended Statement			
COMMITTEE (PLEASE TYPE OR PRINT)			
Name Farmers Employee and Agent Political Action Committee of Kansas			
Mailing Address (Street, City, State, Zip Code)Business Telephone11880 College Blvd. Ste. 120 Overland Park, KS 66210(913)234-3902			
CHAIRPERSON			
NameHome TelephoneRuss Brown( 913 ) 837-7220			
Mailing Address (Street, City, State, Zip Code)Business Telephone13200 Metcalf Ave. Ste. 190 Overland Park, KS 66213(913) 837-7220			
TREASURER			
Name Home Telephone			
Pat Hewitt (913) 636-2209			
Mailing Address (Street, City, State, Zip Code)Business Telephone607 Baptiste Paola, KS 66071(913)294-5827			
AFFILIATED OR CONNECTED ORGANIZATIONS			
Name Farmers Insurance Exchange			
Mailing Address (Street, City, State, Zip Code)			
17000 W. 119th Street Olathe, KS 66061			
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contrib	utors.		
	—		
SIGNATURE:			
"I declare that this statement has been examined by me and to the best of my knowledge and belief in true, correct and complete. I understand that the intentional failure to file the document			
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."			
7-2-19   (Date)   (Signature of Chairperson)			
Governmental Ethics Commission Rev.	2000		

STATEMENT OF ORGANIZATION		
FOR PC	DLITICAL ACTION COMMITTEES AND PARTY COMM	ITTEES RECEIVED
	(See Reverse Side For Instructions)	JUN 24 2013
	This is a (check one) Party Committee Political Action Committee	2013
	This is a (check one) Party Committee Political Action Committee Solve This is an (check one) Initial Statement Amended Statement	rimental Etnics Corrinission
COMMITTEE	(PLEASE TYPE OR PRINT)	
<sup>Name</sup> Farme	rs Insurance Employee & Agent Political Action Committee of Kansas	
	ss (Street, City, State, Zip Code) Business Telephone ge Blvd. Ste. 120 Overland Park, KS. 66210 (913) 234 3902	
CHAIRPERSC	DN	
Name Paul C	rosetti Home Telephone ( 816 ) 377 1299	
	ss (Street, City, State, Zip Code) ge Blvd. Ste. 120 Overland Park, KS. 66210 (913) 234 3931	
TREASURER		
Name Russ E	Home Telephone Grown (913) 837 7220	
Mailing Addres	ss (Street, City, State, Zip Code) Business Telephone calf Ave. Ste. 190 Overland Park, KS. 66213 (913) 681 6565	
L		
	OR CONNECTED ORGANIZATIONS	]
Name Farme	rs Insurance Exchange	
Mailing Address (Street, City, State, Zip Code)		
17000 W. 11	9 Street Olathe, KS. 66061	
If not connected c	or affiliated with an organization, identify the trade, profession, or primary interest of	the contributors.
SIGNATURE:		
	his statement has been examined by me and to the best of my knowledge and	
	rrect and complete. I understand that the intentional failure to file this document filing a false document is a class A misdemeanor."	at
-		
<u>(Date)</u>	(Signature of Chairperson)	
Governmental E	thics Commission	Rev.2000