

# STATEMENT OF ORGANIZATION

## FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

**FILED**

**JUN 18 2014**

KRIS W. KOBACH  
SECRETARY OF STATE

(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 Kansas State Rifle Association Political Action Committee (KSRA PAC)  
Mailing Address (Street, City, State, Zip Code) PO Box 219, Bonner Springs, KS 66012 Business Telephone (913) 668-1910

### CHAIRPERSON

Name Patricia A. Smeking Home Telephone (913) 522-4765  
Mailing Address (Street, City, State, Zip Code) PO Box 117, Bonner Springs, KS 66012 Business Telephone (913) 667-3044

### TREASURER

Name Patricia A. Smeking Home Telephone (913) 522-4765  
Mailing Address (Street, City, State, Zip Code) PO Box 117, Bonner Springs, KS 66012 Business Telephone (913) 667-3044

### AFFILIATED OR CONNECTED ORGANIZATIONS

Name Kansas State Rifle Association, Inc. (KSRA)  
Mailing Address (Street, City, State, Zip Code) PO Box 219, Bonner Springs, KS 66012

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."

6-16-14  
(Date)

Patricia A. Smeking  
(Signature of Chairperson)

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**Campaign Finance  
Statement of Organization  
For Political Action Committees  
And Party Committees**

Governmental Ethics Commission  
109 W. 9th, Suite 504  
Topeka, KS 66612  
Phone (785) 296-4219  
Fax (785) 296-2548  
[www.kansas.gov/ethics](http://www.kansas.gov/ethics)

This is a (Check one) **Party Committee** ☒ **PAC**

This is an (Check one) **Initial Appointment** ☐ **Amended Statement** ☒

**Committee**

Name: **Kansas State Rifle Association PAC**

Address: **P. O. Box 219**

Address2:

City: **Bonner Springs** State: **KS** Zip: **66012-0219**

Business Phone: **(913) 608-1910**

Email Address: **pstoneking@ksraweb.org**

**Chairperson**

Name: **Patricia Stoneking**

Address: **P. O. Box 117**

Address2:

City: **Bonner Springs** State: **KS** Zip:

Home Telephone: **(913) 667-3044** Business Phone: **(913) 667-3044**

Email Address: **pstoneking@ksraweb.org**

**Treasurer**

Name: **Patricia Stoneking**

Address: **P. O. Box 117**

Address2:

City: **Bonner Springs** State: **KS** Zip: **66012-0117**

Home Telephone: **(913) 667-3044** Business Phone: **(913) 667-3044**

Email Address: **pstoneking@ksraweb.org**

**Affiliated or Connected  
Organizations**

Name: **Kansas State Rifle Association Inc**

Address: **P. O. Box 219**

Address2:

City: **Bonner Springs** State: **KS** Zip: **66012-0219**

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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.

Executed on:

Date: **7/27/2012 2:33:38 PM** Signature of Chairperson: **Patricia A. Stoneking**

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