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	This is a (check one) This is an (check one)	Party Committee Initial Statement	Political Action C Amended Statem		
COMMITTEE		(PLEASE TYPE O	R PRINT)		
Name Karres S	He Rifle A	esciation fol	Heal Action	Innittee	(KSPA PAC
Mailing Address	s (Street, City, State	, Zip Code) Conings, KS&	Business T 16012 (913) 6	elephone <u>DS-1910</u>	
CHAIRPERSO	N	· · · · · · · · · · · · · · · · · · ·			
Name	a A. Some.	eing	Home Telep (913) <u>2</u>	hone 522-4765	5
Mailing Address	s (Street, City, State,	Zip Code)	Business To 5012 (913)	elephone 467-3044	2
FREASURER					
Name	r. A. Goor		Home Telep	hone	5
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AFFILIATED C	DR CONNECTED C	RGANIZATIONS			
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not connected or	affiliated with an org	anization, identify the tr	ade, profession, or prim	ary interest of the	contributors.
SIGNATURE:					
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(Date)		(Signat	ure of Chairperson)	4	
overnmental Eth	nics Commission				Rev.2000

Campaign Finance Statement of Organization Report

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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					
	This is a (Check one) Party Committee ✓ PAC						
Committee	This is an (Check one) Initial Appointment ✓ Amended Statem Name: Kansas State Rifle Association PAC Address: P. O. Box 219 Address2:	nent					
	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	Address: P. O. Box 219						
-	Address2:						
	City: Bonner Springs State: KS Zip: 66012-0219						
	If not connected or affiliated with an organization, identify the trade, profes contributors.	ssion, or primary interest of the					
I declare that this state	ment has been examined by me and to the best of my knowledge and b	elief is true, correct and					

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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