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KRIS W. KOBACH  
SECRETARY OF STATE

## 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

KANSANS ADVANCING WOMEN

Mailing Address (Street, City, State, Zip Code)

Business Telephone

P.O. BOX 1996, LAWRENCE, KS (785) 979-7395

66044

## CHAIRPERSON

Name

REBEKAH GASTON

Home Telephone

(785) 979-7395

Mailing Address (Street, City, State, Zip Code)

Business Telephone

P.O. BOX 1996, LAWRENCE, KS ( )

66044

## TREASURER

Name

SARA HUMM

Home Telephone

(785) 418-2245

Mailing Address (Street, City, State, Zip Code)

Business Telephone

P.O. BOX 1996, LAWRENCE, KS ( )

66044

## AFFILIATED OR CONNECTED ORGANIZATIONS

Name

Mailing Address (Street, City, State, Zip Code)

If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

Electing women to public office in  
Kansas

## 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"

1/12/15  
(Date)

Rebekah Gaston  
(Signature of Chairperson)

# STATEMENT OF ORGANIZATION

## FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(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 checked="" type="checkbox"/> Amended Statement

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OCT 20 2014

KRIS W. KOBACH  
SECRETARY OF STATE

### COMMITTEE

(PLEASE TYPE OR PRINT)

Name Kansans Advancing Women

Mailing Address (Street, City, State, Zip Code)  
P.O. Box 1996 Lawrence, KS 66044

Business Telephone  
( 913 ) 307-6073

### CHAIRPERSON

Name Erin Thompson

Home Telephone  
( 913 ) 307-6073

Mailing Address (Street, City, State, Zip Code)  
P.O. Box 1996, Lawrence, KS 66044

Business Telephone  
( 316 ) 267-3933

### TREASURER

Name Sara Humm

Home Telephone  
( 785 ) 418-2245

Mailing Address (Street, City, State, Zip Code)  
P.O. Box 1996, Lawrence, KS 66044

Business Telephone  
( 785 ) 832-6376

### AFFILIATED OR CONNECTED ORGANIZATIONS

Name None

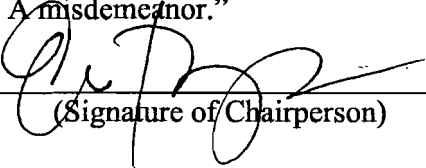
Mailing Address (Street, City, State, Zip Code)

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Increasing the number of women in political office in Kansas

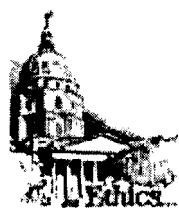
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10/14/14  
(Date)

  
(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: **Kansans Advancing Women**  
Address: **P.O. Box 1996**  
Address2:  
City: **Lawrence** State: **KS** Zip: **66044**  
Business Phone: **(913) 307-6073**  
Email Address: **kawpac@gmail.com**

**Chairperson** Name: **Erin Thompson**  
Address: **P.O. Box 1996**  
Address2:  
City: **Lawrence** State: **KS** Zip: **66044**  
Home Telephone: **(913) 307-6073** Business Phone: **(316) 267-3933**  
Email Address: **erint13@gmail.com**

**Treasurer** Name: **Sara Humm**  
Address: **PO Box 1996**  
Address2:  
City: **Lawrence** State: **KS** Zip: **66044**  
Home Telephone: Business Phone:  
Email Address: **sara.humm@gmail.com**

**Affiliated or  
Connected  
Organizations** Name:  
Address:  
Address2:  
City: State: Zip:

If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

**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: **6/9/2014 3:44:55 PM** Signature of Chairperson: **Erin Thompson**

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

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

**Committee**

Name: **Kansans Advancing Women**

Address: **P.O. Box 1996**

Address2:

City: **Lawrence** State: **KS** Zip: **66044**

Business Phone: **(913) 307-6073**

Email Address: **kansansadvancingwomen@gmail.com**

**Chairperson**

Name: **Erin Thompson**

Address: **P.O. Box 1996**

Address2:

City: **Lawrence** State: **KS** Zip: **66044**

Home Telephone: **(913) 307-6073** Business Phone: **(316) 267-3933**

Email Address: **erint13@gmail.com**

**Treasurer**

Name: **Heather Hall**

Address: **PO Box 1996**

Address2:

City: **Lawrence** State: **KS** Zip: **66044**

Home Telephone: Business Phone:

Email Address: **hah4170@gmail.com**

**Affiliated or Connected  
Organizations**

Name:

Address:

Address2:

City: State: Zip:

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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: **2/12/2013 2:54:53 PM** Signature of Chairperson: **Erin C. Thompson**

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