RECEIVED	_
JUL 1 4 2016 STATEMENT OF ORGANIZATION KS Government of Comm	ission
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES	
(See Reverse Side For Instructions)	
This is a (check one) Party Committee   This is an (check one) Initial Statement   Amended Statement	
COMMITTEE (PLEASE TYPE OR PRINT)	
Name KNEA/Art Vallex Educ Employee PAC	
Mailing Address (Street, City, State, Zip Code), <u>1040 Uhect Cand Barter</u> (785)7273510	
POBER 470 Lindsborg OTSIC 67456 CHAIRPERSON	
Name Lynnette Krieger-Zoot Home Telephone (620)6940094	
Mailing Address (Street, City, State, Zip Code) 1040 Wheat and Bucher () 1040 Wheat and Bucher ()	
TREASURER	
Name Deb Myers Home Telephone	
Mailing Address (Street, City, State, Zip Code) POBOX 470 Hindsborg (785) 227-3510	
CS G74SO AFFILIATED OR CONNECTED ORGANIZATIONS	
Name KNEA	
Mailing Address (Street, City, State, Zip Code) 715 SW 10th AUR TODER 46612	
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."	
(Date)	
Governmental Ethics Commission Rev.2000	

		(See Reverse Side Fo	or Instructi	ons)			
	This is a (check one)	Party Committee			ion Committ	ee	JUN 3 0 2016
,	This is an (check one)	Initial Statement		mended S	tatement	6	KRIS W. KOBACH
COMMITTE	2	(PLEASE TYPE C	)R PRINT	)			
Name Ark V	alley Educatio	nal Employees	Politi	.cal A	ction C	Comm	nittee
	ess (Street, City, State, Box 470, Linds		456	Busine (785	ess Telepho ) <u>227-8</u>		}
CHAIRPERS	NCNC				······································		
Name Lynne	tte Krieger-Zo	ok			Telephone ) 694–0	094	
	ess (Street, City, State, Wheatland, Buh		22		ess Telepho ) 665-		4
TREASURER							
Name Debra	L. Myers			Home I ( 785	elephone ) 227-	229	8
•	ess (Street, City, State, Box 470, Linds)		156		ess Telepho ) 227-		0
AFFILIATED	OR CONNECTED O	RGANIZATIONS					
Name Kansa	s National Educ	cation Associa	ution		······		
Mailing Addre	ess (Street, City, State,	Zip Code)					·····
715 W	. <u>10th St., Top</u>	oeka, Kansas	66612				
f not connected	or affiliated with an orga	anization, identify the	trade, profe	ession, or	primary int	terest	of the contributor
						<u></u>	
				<u> </u>			
SIGNATURE	: this statement has been			4 . 6	1		

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 Ark Valley Education Employee PAC Mailing Address (Street, City, State, Zip Code) H. N. Main St. Lincisbora KS (78.5) 227 - 87773
CHAIRPERSON   Home Telephone   Name Home Telephone   LINAL Druger (620) 343-1767   Mailing Address (Street, City, State, Zip Code) Business Telephone   Ref State, Zip Code) Business Telephone   Ref State, Zip Code) Business Telephone   Ref State, Zip Code) Business Telephone
TREASURER   Home Telephone   Name Home Telephone   Mailing Address (Street, City, State, Zip Code) G7572 Business Telephone   Address (Street, City, State, Zip Code) G7572 Business Telephone   Address (Street, City, State, Zip Code) G7572 Business Telephone   Address (Street, City, State, Zip Code) G7572 Business Telephone   Address (Street, City, State, Zip Code) G7572 Business Telephone   Address (Street, City, State, Zip Code) G7572 Business Telephone   Address (Street, City, State, Zip Code) C109 SH. FLMO D   Address (Street, City, State, Zip Code) C109   Address (Street, City, State, Zip Code) C109   Address (Street, City, State, Zip Code)   Address (Street, City, State, Zip Code) C109
AFFILIATED OR CONNECTED ORGANIZATIONS
Name Ark Valley Uniscry (KNE4)
Mailing Address (Street, City, State, Zip Code) 111 N. Main P.O. Rox 470 Lindesborg, KS 67456
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."
(Date) (Signature of Chairperson)

Governmental Ethics Commission

Rev.2000