

RECEIVED

STATEMENT OF ORGANIZATION

JUL 13 2016

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

KS Governmental Ethics Commission

(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

COMMITTEE

(PLEASE TYPE OR PRINT)

Name KANSAS INSURANCE AGENTS POLITICAL ACTION COMMITTEE

Mailing Address (Street, City, State, Zip Code)
815 SW TOPEKA BLVDBusiness Telephone
(785) 232-0561

CHAIRPERSON

Name WILLIAM LESSEN

Home Telephone
(620) 347-8679Mailing Address (Street, City, State, Zip Code)
PO BOX 846 ARMA, KS 66712Business Telephone
()

TREASURER

Name DAVID HULCHER

Home Telephone
()Mailing Address (Street, City, State, Zip Code)
815 SW TOPEKA BLVD Topeka, KS 66612Business Telephone
(785) 232-0561

AFFILIATED OR CONNECTED ORGANIZATIONS

Name Kansas Association of Insurance Agents


Mailing Address (Street, City, State, Zip Code)
815 SW Topeka Blvd Topeka, KS 66612

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."

7/13/2016
(Date)


(Signature of Chairperson)
for William Lessen