STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)					FILED	
	This is a (check one)	Party Committee	<u></u>	cal Action Committee	JAN 18 2017	
	This is an (check one)	Initial Statement	✓ Ame	nded Statement	JAN 20 DE ! I	
		i			KRIS W. KOBACH SECRETARY OF STATE	
COMMITTEE		(PLEASE TYPE OR	PRINT)			
Name Kansa	as Bankers Associati	on				
_	ess (Street, City, State, 07, Topeka, KS 6660		F (7	Business Telephone 85) 232-344		
CHAIRPERSO	ON					
Name Chris	Donnelly		H(ome Telephone)		
	ess (Street, City, State, Prairie, 18675 W 15			Business Telephone 913) 254-050		
TREASURER						
Name Julie T	「avlor		H(ome Telephone)		
Mailing Addre	ess (Street, City, State, es Assoc., PO Box 44	Zip Code) 107, Topeka, KS 666	04 ()	Business Telephone 785) 232-34	e 144	
AFFILIATED	OR CONNECTED O	RGANIZATIONS				
Name	can Bankers Associa		-			
Mailing Addre	ess (Street, City, State,	Zip Code)				
1120 Conne	ecticut Avenue NW, \	Washington, DC 2003	36			
If not connected	or affiliated with an orga	anization, identify the tra	de, professi	on, or primary inter	est of the contributors.	
OLCALATINE						
SIGNATURE: "I declare that t		examined by me and t	o the best o	of my knowledge a	nd	
"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)						
		(Signati	ire of Chair	person)		
Governmental H	Ethics Commission				Rev.2000	

STATEMENT OF ORGA	NIZATION						
FOR POLITICAL ACTION COMMITTEES	AND PARTY C	The state of the s					
(See Reverse Side For Instr	FILED						
This is a (check one) Party Committee	Political Action Commit	JAN 1.2 2015					
This is an (check one) Initial Statement	Amended Statement	JAN 1, 4 2013					
This is an (check one)		KRIS W. KOBACH SECRETARY OF STATE					
COMMITTEE (PLEASE TYPE OR PR	INT)	SEONE IVII.					
Name Kansas Bankers Association PAC							
Mailing Address (Street, City, State, Zip Code) PO Box 4407, Topeka, Kansas 66604	Business Teleph						
1 O Box 4407, Topeka, Kansas 00004	(100) 202-	5111					
CHAIRPERSON							
Name Lyndon Wells	Home Telephone ()						
Mailing Address (Street, City, State, Zip Code) Intrust Bank, N.A., 105 N. Main, Wichita, KS 67202	ione 1 234 <i>i</i> 218						
TREASURER							
Name	Home Telephone	:					
Julie Taylor	()						
Mailing Address (Street, City, State, Zip Code) KS Bankers Assoc., PO Box 4407, Topeka, KS 66604	Business Teleph (785) 232	one -3444					
AFFILIATED OR CONNECTED ORGANIZATIONS							
Name American Bankers Association							
Mailing Address (Street, City, State, Zip Code)							
1120 Connecticut Avenue NW, Washington, DC 20036							
If not connected or affiliated with an organization, identify the trade, p	profession, or primary in	nterest of the contributors.					
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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	r."						
(Date) (Signature of Chairperson)							
(Date) (Signature of	of Chairperson)						
Governmental Ethics Commission		Rev.2000					