

RECEIVED

JAN 11 2016

KS GOVERNMENTAL ETHICS COMMISSION

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

National Association of Insurance and Financial Advisors of Kansas Political Action Comm

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

825 S. Kansas, Ste. 500, Topeka, Ks 66612

Business Telephone

( 785 ) 354-7770

## CHAIRPERSON

Name

James Moore

Home Telephone

( )

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

2500 West 31st Street, Ste. B, Lawrence, Ks 66047

Business Telephone

( 785 ) 841-4664

## TREASURER

Name

Sandra Braden

Home Telephone

( )

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

825 S. Kansas, Ste. 500, Topeka, Ks 66612

Business Telephone

( 785 ) 233-4512

## AFFILIATED OR CONNECTED ORGANIZATIONS

Name

National Association of Insurance and Financial Advisors of Kansas

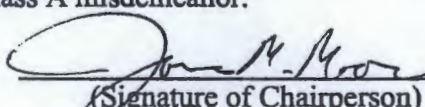
Mailing Address (Street, City, State, Zip Code)

825 S. Kansas, Ste. 500, 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."

1/6/16  
(Date)  
(Signature of Chairperson)

## STATEMENT OF ORGANIZATION

RECEIVED

## FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

KS Governmental Ethics Commission

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 National Association of Insurance and Financial Advisors of Kansas Political Action Committ

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

825 S. Kansas Suite 500, Topeka, Kansas 66612

Business Telephone

( 785 ) 354-7770

## CHAIRPERSON

Name

James Moore

Home Telephone

( )

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

2500 W 31st Street, Lawrence, Kansas 66047

Business Telephone

( 785 ) 841-4664

## TREASURER

Name

Sandra Braden

Home Telephone

( )

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

825 S. Kansas, Suite 500, Topeka, Kansas 66612

Business Telephone

( 785 ) 233-4512

## AFFILIATED OR CONNECTED ORGANIZATIONS

Name

National Association of Insurance and Financial Advisors of Kansas

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

825 S. Kansas, Suite 500, Topeka, Kansas 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."

7/24/15  
(Date)James M. Moore  
(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 type="checkbox"/> Political Action Committee
This is an (check one)	<input type="checkbox"/> Initial Statement	<input type="checkbox"/> Amended Statement

JAN 08 2015

### COMMITTEE

(PLEASE TYPE OR PRINT)

Name National Assembly of Insurance and Financial Advisors of Kansas Political Action Committee

Mailing Address (Street, City, State, Zip Code)  
825 S. Kansas Ave, Suite 500 Topeka, KS 66612

Business Telephone  
( 785 ) 354-7770

### CHAIRPERSON

Name  
Bob Reynolds

Home Telephone  
( 785 ) 826-9545

Mailing Address (Street, City, State, Zip Code)  
504 W. Republic, Salina, KS 67401

Business Telephone  
( )

### TREASURER

Name  
Sandy Braden

Home Telephone  
( )

Mailing Address (Street, City, State, Zip Code)  
825 S. Kansas Ave, Topeka, KS, 66612

Business Telephone  
( 785 ) 354-7770

### AFFILIATED OR CONNECTED ORGANIZATIONS

Name  
National Association of Insurance and Financial Advisors of Kansas

Mailing Address (Street, City, State, Zip Code)  
825 S. Kansas Ave, Suite 500 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."

1/8/15  
(Date)

  
(Signature of Chairperson)



## STATEMENT OF ORGANIZATION

RECEIVED

## FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

JUL 09 2013

(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 National Association of Insurance and Financial Advisors of Kansas Political Action Committ

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

825 S. Kansas Avenue, Suite 500 Topeka, KS 66612

Business Telephone

( 785 ) 354-7770

## CHAIRPERSON

Name

Bob Reynolds

Home Telephone

( 785 ) 826-9545

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

504 W. Republic Salina, KS 67401

Business Telephone

( )

## TREASURER

Name

Matt Casey

Home Telephone

( )

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

825 S. Kansas Avenue, Suite 500 Topeka, KS 66612

Business Telephone

( 785 ) 354-7770

## AFFILIATED OR CONNECTED ORGANIZATIONS

Name

National Association of Insurance and Financial Advisors of Kansas

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

825 S. Kansas Avenue, Suite 500 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."

(Date)

6/25/13

(Signature of Chairperson)