

# 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

**FILED**

**DEC 29 2015**

KRIS W. KOBACH  
SECRETARY OF STATE

### COMMITTEE

(PLEASE TYPE OR PRINT)

Name The Bluestem Fund

Mailing Address (Street, City, State, Zip Code)  
P.O. Box 2481, Topeka, KS, 66601

Business Telephone  
( )

### CHAIRPERSON

Name L.J. Leatherman

Home Telephone  
( )

Mailing Address (Street, City, State, Zip Code)  
2348 SW Topeka Blvd, Topeka, KS 66611

Business Telephone  
( )

### TREASURER

Name Craig Grant

Home Telephone  
( )

Mailing Address (Street, City, State, Zip Code)  
2505 Stowe Drive, Lawrence, KS 66049

Business Telephone  
(785 ) 691-7076

### AFFILIATED OR CONNECTED ORGANIZATIONS

Name The Bluestem Foundation for Economic Freedom

Mailing Address (Street, City, State, Zip Code)  
1021 Rhode Island St., Lawrence, KS 66044

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

### SIGNATURE:

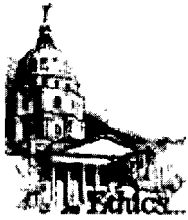
"I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor."

12-22-15

(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: **The Bluestem Fund**  
Address: **P.O. Box 2481**  
Address2:  
City: **Topeka** State: **KS** Zip: **66601**  
Business Phone:  
Email Address:

**Chairperson** Name: **L.J. Leatherman**  
Address: **2348 SW Topeka**  
Address2:  
City: **Topeka** State: **KS** Zip: **66611**  
Home Telephone: Business Phone:  
Email Address: **ljlaw@jpalmerlaw.com**

**Treasurer** Name: **Jim Jesse**  
Address: **4609 Trail Rd**  
Address2:  
City: **Lawrence** State: **KS** Zip: **66049-2158**  
Home Telephone: Business Phone:  
Email Address: **jimjesse@sunflower.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.

**Contributors share a belief in common sense policies that will foster great Kansas schools, good paying jobs and every Kansan an opportunity to achieve the American dream.**

**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: **10/16/2014 11:19:00 AM** Signature of Chairperson: **L..J. Leatherman**

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**Campaign Finance  
Statement of Organization  
For Political Action Committees  
And Party Committees**

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Topeka, KS 66612  
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This is a (Check one) **Party Committee** **PAC**

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

**Committee**

Name: **Bluestem Fund**  
Address: **P.O. Box 2481**  
Address2:  
City: **Topeka** State: **KS** Zip: **66601**  
Business Phone:  
Email Address:

**Chairperson**

Name: **L. J. Leatherman**  
Address: **2348 SW Topeka**  
Address2:  
City: **Topeka** State: **KS** Zip: **66611**  
Home Telephone: Business Phone:  
Email Address: **ljlaw@jpalmerlaw.co**

**Treasurer**

Name: **Jim Jesse**  
Address: **4609 Trail Rd**  
Address2:  
City: **Lawrence** State: **KS** Zip: **66049-2158**  
Home Telephone: Business Phone:  
Email Address: **jimjesse@sunflower.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: **11/1/2012 8:57:00 AM** Signature of Chairperson: **L.J. Leatherman**

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