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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

This is a (Check one) Party Committee PAC

This is an (Check one) Initial Appointment Amended Statement

Committee

Name: **Independent Family Farmer PAC**
Address: **842 S. 10th**
Address2:
City: **Salina** State: **KS** Zip: **67420**
Business Phone: **(785) 825-8649**
Email Address: **jastephens3@cox.net**

Chairperson

Name: **Pete Lorenz**
Address: **616 E. Court**
Address2:
City: **Beloit** State: **KS** Zip: **67420**
Home Telephone: **(785) 738-2113** Business Phone: **(785) 738-2113**
Email Address: **gregs3@cox.net**

Treasurer

Name: **Julie Stephens**
Address: **842 S. 10th**
Address2:
City: **Salina** State: **KS** Zip: **67401**
Home Telephone: **(785) 825-8649** Business Phone: **(785) 819-0040**
Email Address: **jastephens3@cox.net**

**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.
Independent Kansas farmers, family agriculture.

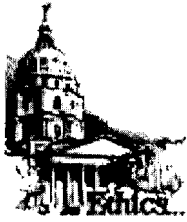
I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor.

Executed on:

Date: **7/22/2016 12:01:51 PM** Signature of Chairperson: **Pete Lorenz**

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This is a (Check one) Party Committee PAC

This is an (Check one) Initial Appointment Amended Statement

Committee Name: **Kansas Family Farmer PAC**

Address: **440 Marble Rd.**

Address2:

City: **Courtland** State: **KS** Zip: **66939**

Business Phone: **(785) 527-0941**

Email Address: **nick.levendofsky@gmail.com**

Chairperson Name: **Nicholas Levendofsky**

Address: **440 Marble Rd.**

Address2:

City: **Courtland** State: **KS** Zip: **66939**

Home Telephone: **(785) 527-0941** Business Phone: **(785) 527-0941**

Email Address: **nick.levendofsky@gmail.com**

Treasurer Name: **Julie Stephens**

Address: **842 S. 10th**

Address2:

City: **Salina** State: **KS** Zip: **67401**

Home Telephone: **(785) 825-8649** Business Phone: **(785) 825-8649**

Email Address: **gregs3@cox.net**

Affiliated or Name:

Connected Address:

Organizations Address2:

City: State: Zip:

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

Independent family farmers, family agriculture

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: **10/9/2014 9:33:04 AM** Signature of Chairperson: **Nicholas B. Levendofsky**

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