STATEMENT OF ORGANIZATION FILED

STATEMENT OF ORGANIZATION PILED			
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES			
(See Reverse Side For Instructions) KRIS W. KOBACH SECRETARY OF STATE			
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, Kareas State Rifle Association Political Action Committee.			
Mailing Address (Street, City, State, Zip Code) Business Telephone PO POLAGO, BONNES SOLOGO, (913) 608-1910			
CHAIRPERSON			
Name Moriah Lay Home Telephone (620) 778-2083			
Mailing Address (Street, City, State, Zip Code) Business Telephone POPOX 219 Barren Sprints KS (40)12 (913) 608-1910			
TREASURER			
Name Home Telephone (620) 778-2083			
Mailing Address (Street, City, State, Zip Code) Business Telephone			
Mailing Address (Street, City, State, Zip Code) Business Telephone Business Telephone AFFILIATED OR CONNECTED ORGANIZATIONS			
Mailing Address (Street, City, State, Zip Code) Business Telephone Business Telephone AFFILIATED OR CONNECTED ORGANIZATIONS Name Mailing Address (Street, City, State, Zip Code) Mailing Address (Street, City, State, Zip Code)			
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Mailing Address (Street, City, State, Zip Code) Business Telephone AFFILIATED OR CONNECTED ORGANIZATIONS Name Mailing Address (Street, City, State, Zip Code) PD BOX 219, Brones Drings, KS 60012			
Mailing Address (Street, City, State, Zip Code) Business Telephone AFFILIATED OR CONNECTED ORGANIZATIONS Name Mailing Address (Street, City, State, Zip Code) Signature: SIGNATURE:			
Mailing Address (Street, City, State, Zip Code) Business Telephone Business Telephone AFFILIATED OR CONNECTED ORGANIZATIONS Name Mailing Address (Street, City, State, Zip Code) Mailing Address (Street, City, State, Zip Code) Business Telephone Business Telephone Business Telephone AFFILIATED OR CONNECTED ORGANIZATIONS Name Mailing Address (Street, City, State, Zip Code) Business Telephone			
Mailing Address (Street, City, State, Zip Code) Business Telephone AFFILIATED OR CONNECTED ORGANIZATIONS Name Mailing Address (Street, City, State, Zip Code) Signature: SIGNATURE:			
Mailing Address (Street, City, State, Zip Code) Business Telephone AFFILIATED OR CONNECTED ORGANIZATIONS Name Mailing Address (Street, City, State, Zip Code) Mailing Address (Street, City, State, Zip Code) Mailing Address (Street, City, State, Zip Code) Month 291, Branes Drings & Lawy 2 If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributor 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			

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STATEMENT OF ORGANIZATION

FILED

JUN 18 2014

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES KRIS W. KOBACH CECOETTARY OF STATE

	(See Reverse Side For Instructions)	SECRETARY OF STATE	
	This is a (check one) Party Committee Political Action	on Committee	
	This is an (check one)	tement	
COMMITTEE	(PLEASE TYPE OR PRINT)		
Name Karas Joje Rifle Arroxiation Political Action Committee (KSB)			
Mailing Addre	Sess (Street, City, State, Zip Code) Busines 219, Bonnes Corings, XS 66012 (913)	s Telephone) 608-1910	
CHAIRPERSO	ON		
Name Jahric	ia A. Stoneking (913	lephone) <i>522-4765</i>	
Mailing Addre	ss (Street, City, State, Zip Code) 8 Street, City, State, Zip Code) 8 Busines 8 117 Brown Corresp, X566012 (913)	s Telephone) <i>667-3044</i>	
TREASURER	·		
Name Annie	Home Te	lephone) 522-4765	
Mailing Addre	ss (Street, City, State, Zip Code) Busines 1111 Brown Griss KS/all 2013	s Telephone) 667-3044	
AFFILIATED	OR CONNECTED ORGANIZATIONS		
Name Karrin	2 Jako Rifle Admention Sine	KCRA	
Mailing Addre	ss (Street, City, State, Zip Code)		
If not connected of	or affiliated with an organization, identify the trade, profession, or p	rimary interest of the contributors.	
belief is true, co	his statement has been examined by me and to the best of my kerrect and complete. I understand that the intentional failure to filing a false document is a class A misdemeanor."	_	
(Date)	(Signature of Chairperson	\mathcal{F}	

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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

This is an (Check one)

Initial Appointment Y Amended Statement

Committee

Name: Kansas State Rifle Association PAC

Address: P. O. Box 219

Address2:

City: Bonner Springs State: KS Zip: 66012-0219

Business Phone: (913) 608-1910

Email Address: pstoneking@ksraweb.org

Chairperson

Name: Patricia Stoneking

Address: P. O. Box 117

Address2:

City: Bonner Springs State: KS Zip:

Home Telephone: (913) 667-3044 Business Phone: (913) 667-3044

Email Address: pstoneking@ksraweb.org

Treasurer

Name: Patricia Stoneking

Address: P. O. Box 117

Address2:

City: Bonner Springs State: KS Zip:66012-0117

Home Telephone: (913) 667-3044 Business Phone: (913) 667-3044

Email Address: pstoneking@ksraweb.org

Affiliated or Connected **Organizations**

Name: Kansas State Rifle Association Inc

Address: P. O. Box 219

Address2:

City: Bonner Springs State: KS Zip: 66012-0219

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: 7/27/2012 2:33:38 PM Signature of Chairperson: Patricia A. Stoneking

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