

STATEMENT OF ORGANIZATION

FILED

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

SECRETARIES

(See Reverse Side For Instructions)

KRIS W. KOBACH
SECRETARY OF STATE

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 type="checkbox"/> Amended Statement

COMMITTEE (PLEASE TYPE OR PRINT)

Name <i>Kansas State Rifle Association Political Action Committee</i>	
Mailing Address (Street, City, State, Zip Code) <i>PO Box 219, Bonner Springs, KS 66012</i>	Business Telephone <i>(913) 608-1910</i>

CHAIRPERSON

Name <i>Moriah Day</i>	
Home Telephone <i>(620) 778-2083</i>	
Mailing Address (Street, City, State, Zip Code) <i>PO Box 219, Bonner Springs, KS 66012</i>	Business Telephone <i>(913) 608-1910</i>

TREASURER

Name <i>Moriah Day</i>	
Home Telephone <i>(620) 778-2083</i>	
Mailing Address (Street, City, State, Zip Code) <i>PO Box 219, Bonner Springs, KS 66012</i>	Business Telephone <i>(913) 608-1910</i>

AFFILIATED OR CONNECTED ORGANIZATIONS

Name <i>Kansas State Rifle Association</i>	
Mailing Address (Street, City, State, Zip Code) <i>PO Box 219, Bonner Springs, KS 66012</i>	

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."

10-05-15
(Date)

M. Moriah Day
(Signature of Chairperson)

STATEMENT OF ORGANIZATION

FILED

JUN 18 2014

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

KRIS W. KOBACH
SECRETARY OF STATE

(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 *Kansas State Rifle Association Political Action Committee (KSRA PAC)*

Mailing Address (Street, City, State, Zip Code) *PO Box 219, Bonner Springs, KS 66012* Business Telephone *(913) 608-1910*

CHAIRPERSON

Name *Patricia A. Sporeking* Home Telephone *(913) 522-4765*

Mailing Address (Street, City, State, Zip Code) *PO Box 117, Bonner Springs, KS 66012* Business Telephone *(913) 667-3044*

TREASURER

Name *Patricia A. Sporeking* Home Telephone *(913) 522-4765*

Mailing Address (Street, City, State, Zip Code) *PO Box 117, Bonner Springs, KS 66012* Business Telephone *(913) 667-3044*

AFFILIATED OR CONNECTED ORGANIZATIONS

Name *Kansas State Rifle Association, Inc (KSRA)*

Mailing Address (Street, City, State, Zip Code) *PO Box 219, Bonner Springs, KS 66012*

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."

6-16-14
(Date)

Patricia A. Sporeking
(Signature of Chairperson)

[Print this form](#) or [Go Back](#)



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: **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**

[Print this form](#) or [Go Back](#)