## 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 KFPC PAC Chansas Family Policy Council PA()					
Mailing Address (Street, City, State, Zip Code)  Business Telephone					
10 Box 9051 Wichita KS 67209 (316) 993-3900					
CHAIRPERSON					
Name Lucius L. Smith Home Telephone (316) 831-9742					
Mailing Address (Street, City, State, Zip Code)  Business Telephone  2812 G. Driftwood Wish to KS 67104 (316) 393 - 2428					
TREASURER					
Name Home Telephone Archie Macias (316)631-1276					
Mailing Address (Street, City, State, Zip Code)  Business Telephone  7615 5. Champions Ct., Wichita, KS 67215 316 1651-7933					
AFFILIATED OR CONNECTED ORGANIZATIONS					
Name Kansas Family Policy Council					
Mailing Address (Street, City, State, Zip Code) 2250 N. Rock Road Suite 118#250 Wichita, KS 67226					
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."					
7/28/18 / hum off.					
(Date) (Signature of Chairperson)					
Sovernmental Ethics Commission Rev.2000					

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## FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

		(See Reverse Side For	Instructions)	
	This is a (check one)	Party Committee	Political Action Committee	I = FILED
	This is an (check one)	Initial Statement	Amended Statement	SEP 18 2012
COMMITTEE		(PLEASE TYPE OF	R PRINT)	SECRETARY OF STATE
Name				TARY OF STATE
KFPC	PAC (Kansas Fami ————————————————————————————————————	ily Policy Council PA	C) ————————————————————————————————————	
_	ess (Street, City, State, ck Road #118-250, )	•	Business Telephon (316 ) 993-39	
CHAIRPERSO	ON _			
Name Michae	el Pochek		Home Telephone ( <del>318</del> 573) 239-78	64 2429
	ess (Street, City, State, t Atlanta Circle, Wicl		Business Telephon ( 316 ) 665-13	
TREASURER				
Name Archie	· Macias		Home Telephone (316) 631-12	276
Mailing Addre	ess (Street, City, State, ampions Ct., Wichite		Business Telephon ( 316 ) 651-79	e e
AFFILIATED	OR CONNECTED O	DRGANIZATIONS		
Name	as Family Policy Cou			
_	ess (Street, City, State, ck Road #118-250,	• •		
lf not connected	or affiliated with an org	ganization, identify the tr	ade, profession, or primary inter	rest of the contributors.
SIGNATURE:	:	<del>_</del>		<del></del>
belief is true, co	orrect and complete.	I understand that the in	to the best of my knowledge a tentional failure to file this do	
		ent is a class A misdeme	eanor."	
14 SEP 13 (Date)	<u>z</u>	<u> </u>	ture of Chairperson)	
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