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 Konsons Consensus Reform PAC
Mailing Address (Street, City, State, Zip Code)Business Telephone <u>14 Nekcto Dr. Hutchinem KS 47502(192)727-1567</u>
CHAIRPERSON
Name Jason Brewer (620) 4428326
Mailing Address (Street, City, State, Zip Code)Business TelephonePD Box 896 Arkansas City KS(626) 442 1950
TREASURER
Name Ken Willard Home Telephone (620) 669-0498
Mailing Address (Street, City, State, Zip Code)Business Telephone24JukotaIntechnosinKS (1502 620)727-6507
AFFILIATED OR CONNECTED ORGANIZATIONS
Name
Mailing Address (Street, City, State, Zip Code)
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.
Eprimany interest in electing conservative legislator
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."
10-21-12 Carb
(Date) (Signature of Chairperson)
Governmental Ethics Commission Rev.2000