STATEMENT OF ORGANIZATION

FILED

JUL **02** 2015

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES KRIS W. KOBACH SECRETARY OF STATI

	(See Reverse Side For Instruc	ctions)
	This is a (check one) Party Committee	Political Action Committee
	This is an (check one) Initial Statement	Amended Statement
1		
COMMITTEE	(PLEASE TYPE OR PRIN	T)
Name O O O O O O O O O O O O O O O O O O O		
KANSAJ BAIL AGENTS ANOCIATION POLITICAL ACTION COMMITTEE		
Mailing Address (Street, City, State, Zip Code) Business Telephone 158 N 8+L St. SALINA, KS 67401 (785) 820-7266		
730	N CR ST, CHENNA, IS CHALL	1700 7000 7000
CHAIRPERSO	ON	
Name p.	0	Home Telephone
	ROLF	(913) 829-2245-
Mailing Addre	ess (Street, City, State, Zip Code) E. SANTA FE, Ol9the, KJ 66061	Business Telephone
103 E	JANIA FE, VIGINE, NO 66061	(1/3 1/02/1227)
TREASURER		
Name ,		Home Telephone
	is W BERNAT	(785) 820-7266
_	ess (Street, City, State, Zip Code)	Business Telephone
158 M	8th, SALINA, KS 67401	(125)820-1266
AFFILIATED	OR CONNECTED ORGANIZATIONS	
Name ,		
KANSAS BAIL AGENTS ASSOCIATION		
Mailing Address (Street, City, State, Zip Code)		
158 N	Eth, JALINA, KS 67401	
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.		
	of arritated with air organization, identify the trade, pro	nession, or primary interest of the contributors.
CICNIATIME		
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."		
6/29/15		
(Date)	(Signature of	Chairperson)

Governmental Ethics Commission

Rev.2000