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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](http://www.kansas.gov/ethics)

This is a (Check one) ☐ Party Committee ☒ PAC

This is an (Check one) ☒ Initial Appointment ☐ Amended Statement

**Committee** Name: **Putting Our Kansas House in Order Political Action Committee**

Address: **PO Box 1504**

Address2:

City: **Lawrence** State: **KS** Zip: **66044**

Business Phone:

Email Address:

**Chairperson** Name: **Alice Lieberman**

Address: **754 Sunset Dr.**

Address2:

City: **Lawrence** State: **KS** Zip: **66044**

Home Telephone: **(785) 843-5790** Business Phone:

Email Address: **alicelieberman@hotmail.com**

**Treasurer** Name: **Jennifer Ananda**

Address: **1951 Miller Dr.**

Address2:

City: **Lawrence** State: **KS** Zip: **66046**

Home Telephone: **(785) 840-8255** Business Phone:

Email Address: **jennifer.d.ananda@gmail.com**

**Affiliated or** Name:

**Connected** Address:

**Organizations** Address2:

City: State: Zip:

If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.  
**To support progressive candidates for the Kansas House of Representatives**

**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: **7/25/2016 5:29:25 PM** Signature of Chairperson: **Alice Lieberman**

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# STATEMENT OF ORGANIZATION

## FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

RECEIVED

(See Reverse Side For Instructions)

This is a (check one) ☐ Party Committee ☒ Political Action Committee

This is an (check one) ☐ Initial Statement ☒ Amended Statement

JUL 11 2016

KS Governmental Ethics Commission

### COMMITTEE

(PLEASE TYPE OR PRINT)

Name

PUTTING OUR KANSAS HOUSE IN ORDER

Mailing Address (Street, City, State, Zip Code)

Business Telephone

734 SUNSET DRIVE  
LAWR, KS 66044

### CHAIRPERSON

Name

ALICE A. LIEBERMAN

Home Telephone

(785) 218-5347

Mailing Address (Street, City, State, Zip Code)

Business Telephone

734 SUNSET DR.  
LAURENCE, KS 66044

### TREASURER

Name

JENNIFER D. ANANDA

Home Telephone

(785) 840-8255

Mailing Address (Street, City, State, Zip Code)

Business Telephone

1951 MILLER DR. LAWR, KS

### AFFILIATED OR CONNECTED ORGANIZATIONS

Name

NONE

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.

Primary interest is the advancement  
of Kansas candidates with a moderate -  
progressive point of view.

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."

7/8/16  
(Date)

Alice Lieberman  
(Signature of Chairperson)

## STATEMENT OF ORGANIZATION

FILED

## FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

JUN 27 2016

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

PUTTING OUR KANSAS HOUSE IN ORDER

Mailing Address (Street, City, State, Zip Code)

754 SUNSET DR.

Business Telephone

(785) 218-5347

## CHAIRPERSON

Name

ALICE LITBERMAN

Home Telephone

(785) 218-5347

Mailing Address (Street, City, State, Zip Code)

754 SUNSET DR., LAWR, KS 66044

Business Telephone

## TREASURER

Name

JENNIFER D. ANANDA

Home Telephone

(785) 840-8255

Mailing Address (Street, City, State, Zip Code)

1951 MILLER DR. LAWR, KS 66046

Business Telephone

## AFFILIATED OR CONNECTED ORGANIZATIONS

Name

NONE

Mailing Address (Street, City, State, Zip Code)

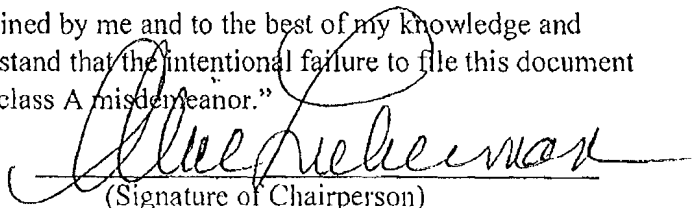
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## SIGNATURE:

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6/25/16

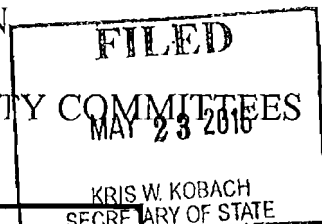
(Date)

  
(Signature of Chairperson)

STATEMENT OF ORGANIZATION  
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

This is a (check one)	<input type="checkbox"/> Party Committee	<input checked="" type="checkbox"/> Political Action Committee
This is an (check one)	<input checked="" type="checkbox"/> Initial Statement	<input type="checkbox"/> Amended Statement



COMMITTEE (PLEASE TYPE OR PRINT)

Name Building on Our Greatness Political Action Committee

Mailing Address (Street, City, State, Zip Code)  
PO Box 1504, Lawrence, KS 66044-8504

Business Telephone  
( 785 ) 843-5790

CHAIRPERSON

Name Alice Lieberman

Home Telephone  
( 785 ) 843-5790

Mailing Address (Street, City, State, Zip Code)  
754 Sunset Drive, Lawrence, KS 66044

Business Telephone  
( 785 ) 864-8957

TREASURER

Name Jennifer Ananda

Home Telephone  
( 785 ) 840-8255

Mailing Address (Street, City, State, Zip Code)  
1951 Miller Drive, Lawrence, KS 66046

Business Telephone  
( 785 ) 232-9748

AFFILIATED OR CONNECTED ORGANIZATIONS

Name

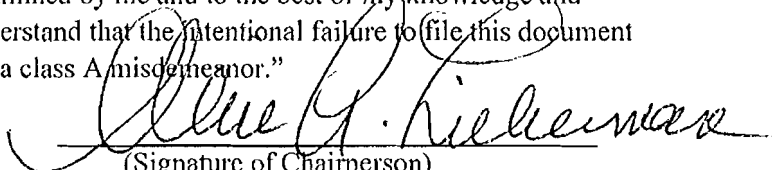
Mailing Address (Street, City, State, Zip Code)

If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.  
To support candidates for the KS. House of any political party who will promote the environment,  
education, fair tax policy, and women's reproductive rights

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."

5/18/16  
(Date)

  
(Signature of Chairperson)