## STATEMENT OF ORGANIZATION

## FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

	(See Reverse Side For Instructions)			
	This is a (check one)	Party Committee	Political Action Commi	AUG 1 2 2016
	This is an (check one)	Initial Statement	Amended Statement	11
				KRIS W. KOBACH SECRETARY OF STATE
COMMITTEE		(PLEASE TYPE OI	R PRINT)	
Name Race f	for Kansas Political	Action Committee		
Mailing Address (Street, City, State, Zip Code) 534 S. Kansas Avenue, Topeka, KS 66603			Business Teleph (785 ) 233-	none 4226
CHAIRPERSO		e 1500,		
Name Darrell			Home Telephone ( 785 ) 806-	
Mailing Address (Street, City, State, Zip Code) 534 S. Kansas Avenue, Suite 1500			Business Telephone ( 785 ) 233-4226	
TREASURER				
Name Darrel	l I ovd		Home Telephone ( 785 ) 806	s-2809
Mailing Address (Street, City, State, Zip Code) 534 S. Kansas Avenue, Suite 1500			Business Telephone ( 785 ) 233-4226	
AFFILIATED	OR CONNECTED (	ORGANIZATIONS		
Name Greate	er Kansas Racing A	illiance, Inc.		
	ess (Street, City, State ekson, Suite 1340,			
If not connected	or affiliated with an or	ganization, identify the tra	nde, profession, or primary i	nterest of the contributors.
SIGNATURE:				
belief is true, co	orrect and complete.	I understand that the int	to the best of my knowleds tentional failure to file this	-
-	filing a false docume	ent is a class A misdeme	earlor."	i
8-11-16		<u>All</u>	Many	
(Date)		(Signat	ure of Chairperson)	
Governmental E	Ethics Commission			Rev.2000