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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

This is a (Check one) Party Committee P

This is an (Check one) Initial Appointment Amended Statement

Committee Name: Kansans for Conservative Values

Address: PO Box 283

Address2:

City: Paola State: KS Zip: 66071

Business Phone:

Email Address: statesman.day@me.com

Chairperson Name: Samantha Poetter

Address: PO Box 283

Address2:

City: **Paola** State: **KS** Zip: 66071 Home Telephone: Business Phone:

Email Address: samantha.poetter@gmail.com

Treasurer

Name: Moriah Day Address: PO Box 283

Address2:

City: Paola State: KS Zip:66071

Home Telephone: Business Phone:
Email Address: statesman.day@me.com

Affiliated or

Name: Conservative Values, LLC

Connected Organizations

Address: PO Box 283

Address2:

City: Paola State: KS Zip: 66071

If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the

contributors.

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: 10/31/2016 8:39:53 AM Signature of Chairperson: Samantha M. Poetter

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STATEMENT OF ORGANIZATION FOR POLITICAL ACTION COMMITTEES AND PARTY CO (See Reverse Side For Instructions) Political Action Committee This is a (check one) Party Committee This is an (check one) Initial Statement Amended Statement **COMMITTEE** (PLEASE TYPE OR PRINT) Name Mailing Address (Street, City, State, Zip Code) 10 Box 283 laola **CHAIRPERSON** Name Mailing Address (Street, City, State, Zip Code) Business Telephone (de0PO Box 283 **TREASURER** Name orial 1000 Mailing Address (Street, City, State, Zip Code) Business Telephone KS (deon) 10 Bax 283 AFFILIATED OR CONNECTED ORGANIZATIONS Name () 29116 Mailing Address (Street, City, State, Zip Code) PO BOX 283, PAOLA KS 66071 If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

SIGNATURE:

(Date)

"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 mistemeanor."

(Signature of Chairperson)

Governmental Ethics Commission

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