

FILED

MAY 19 2015

KRISTIE W. ROBSCH  
SECRETARY OF STATE

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 type="checkbox"/> Initial Statement	<input checked="" type="checkbox"/> Amended Statement

COMMITTEE (PLEASE TYPE OR PRINT)

Name	KANSANS FOR LIFE POLITICAL ACTION COMMITTEE		
Mailing Address (Street, City, State, Zip Code)	P.O. Box 4749, Wichita, KS 67204		Business Telephone (316) 687-5433

CHAIRPERSON

Name	Michael Stieben	Home Telephone	(913) 775-2772
Mailing Address (Street, City, State, Zip Code)	16864 Stilwell, Bonner Springs	66012	Business Telephone ( )

TREASURER

Name	CLAIR Schulte	Home Telephone	(316) 832-0180
Mailing Address (Street, City, State, Zip Code)	4016 Friar Ln, Wichita, KS	67204	Business Telephone ( )

AFFILIATED OR CONNECTED ORGANIZATIONS

Name	KANSANS FOR LIFE, INC		
Mailing Address (Street, City, State, Zip Code)	3301 W. 13th St., Wichita, KS	67203	1-800-928-5433

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

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."

May 15, 2015  
(Date)

*Michael Stieben*  
(Signature of Chairperson)