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Campaign Finance Statement of Organization For Political Action Committees And Party Committees

Governmental Ethics Commission 901 S. Kansas Ave. Topeka, KS 66612 Office (785) 296-4219 Fax (785) 296-2548 ethics.kansas.gov

This is a (Check one) Party Committee PAC

This is an (Check one) Initial Appointment Amended Statement

Committee Name: Kansas Bankers Association PAC

Address: PO Box 4407

Address2:

City: **Topeka** State: **KS** Zip: 66604 Business Phone: (785) 232-3444

Email Address: jtaylor@ksbankers.com

Chairperson Name: D. Gene Dikeman

Address: The Plains State Bank

Address2: 20 29th Court

City: **Hutchinson** State: **KS** Zip: **67502** Home Telephone: Business Phone:

Email Address: gdikeman@plainsstatebank.com

Treasurer Name: Julie Taylor

Address: Kansas Bankers Association

Address2: PO Box 4407

City: Topeka State: KS Zip:66604

Home Telephone: Business Phone: (785) 232-3444

Email Address: jtaylor@ksbankers.com

Affiliated or Connected Name: American Bankers Association

Organizations

Address: 1120 Connecticut NW
Address2:

City: Washington State: DC Zip: 20036

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: 9/17/2018 2:09:47 PM Signature of Chairperson: D. Gene Dikeman

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STATEMENT OF ORGANIZATION

STATEMENT OF ORGANIZATION						
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES						
(See Reverse Side For Instructions) 2 3 2918						
This is a (check one) Party Committee Political Action Committee	1					
This is an (check one) Initial Statement Amended Statement SECLETARY OF	317/TE					
COMMITTEE (PLEASE TYPE OR PRINT)						
Nama						
Kansas Bankers Association PAC						
Mailing Address (Street, City, State, Zip Code) Business Telephone						
PO Box 4407, Topeka, KS 66604 (785) 232-3444						
CHAIRPERSON						
Name Home Telephone D. Gene Dikeman ()						
Mailing Address (Street, City, State, Zip Code) Plains State Bank, 20 29th Court, Hutchinson, KS 67502 Business Telephone (620) 860-0722						
TREASURER						
Name Home Telephone						
Julie Taylor ()						
Mailing Address (Street, City, State, Zip Code) KS Bankers Assoc., PO Box 4407, Topeka, KS 66604 Business Telephone (785) 232-3444						
AFFILIATED OR CONNECTED ORGANIZATIONS						
Name American Bankers Association						
Mailing Address (Street, City, State, Zip Code)						
1120 Connecticut Avenue NW, Washington, DC 20036						
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."						
(Date) (Signature of Chairperson)						
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STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

	FILED						
	This is a (check one)	(See Reverse Side For Party Committee	<u></u>	cal Action Committee	JAN 18 2017		
	This is an (check one)	Initial Statement	✓ Ame	nded Statement	JAN 20 DE ! I		
		i			KRIS W. KOBACH SECRETARY OF STATE		
COMMITTEE		(PLEASE TYPE OR	PRINT)				
Name Kansa	as Bankers Associati	on					
_	ess (Street, City, State, 07, Topeka, KS 6660		F (7	Business Telephone 85) 232-344			
CHAIRPERSO	ON						
Name Chris	Donnelly		H(ome Telephone)			
	ess (Street, City, State, Prairie, 18675 W 15			Business Telephone 913) 254-050			
TREASURER							
Name Julie T	「avlor						
Mailing Addre	ess (Street, City, State, es Assoc., PO Box 44	Zip Code) 107, Topeka, KS 666	04 ()	Business Telephone 785) 232-34	e 144		
AFFILIATED	OR CONNECTED O	RGANIZATIONS					
Name	can Bankers Associa		-				
Mailing Addre	ess (Street, City, State,	Zip Code)					
1120 Conne	ecticut Avenue NW, \	Washington, DC 2003	36				
If not connected	or affiliated with an orga	anization, identify the tra	de, professi	on, or primary inter	est of the contributors.		
OLCALATINE							
SIGNATURE: "I declare that t	: this statement has been	examined by me and t	o the best o	of my knowledge a	nd		
belief is true, co	orrect and complete. I	understand that the int	entional/fai				
or intentionally filing a false document is a class A misdemeanor."							
(Date) (Signature of Chairperson)							
		(Signati	ire of Chair	person)			
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