## NIT OF ODGANITA

STATEMENT OF ORGANIZATION
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES
(See Reverse Side For Instructions)  DEC 0 5 2014
This is a (check one) Party Committee Political Action Committee KRIS W. KOBACH
This is an (check one)  Initial Statement  Amended Statement  SECRETARY OF STATE
COMMITTEE (PLEASE TYPE OR PRINT)
Name Trust Warmen PAC
Mailing Address (Street, City, State, Zip Code)  Business Telephone
5107 E Kellogg Dr., Wichita, KS, 67218 (316)425-3215
CHAIRPERSON
Name Home Telephone
June Sur Mait (3/6)260,6934
Mailing Address (Street, City, State, Zip Code)  Business Telephone
5107 E Kellogg Dv. Wichita, KS, 67218 (316)425-3215
TREASURER
Name Kate Kuutter Home Telephone (16) 260, 6534
Mailing Address (Street, City, State, Zip Code)  5/07 E Kellogg Dr. Wichita KS, 67218 (316) 425 - 3215
AFFILIATED OR CONNECTED ORGANIZATIONS
Name
Mailing Address (Street, City, State, Zip Code)
L
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."
100 2014
(Date) (Signature of Chairperson)
Governmental Ethics Commission Rev.2000