

[Print this form](#) or [Go Back](#)



**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: **Bleeding Kansas Advocates PAC**
Address: **12812 Charing Cross Road Apt 2**
Address2:
City: **Lenexa** State: **KS** Zip: **66215**
Business Phone: **(913) 396-9675**
Email Address: **bkapacinfo@gmail.com**

Chairperson Name: **Lisa Sublett**
Address: **12812 Charing Cross Road Apt 2**
Address2:
City: **Lenexa** State: **KS** Zip: **66215**
Home Telephone: **(913) 605-0238** Business Phone: **(913) 396-9675**
Email Address: **president@bleedingks.org**

Treasurer Name: **Ric Koehn**
Address: **P.O. Box 468 Cimarron, Ks 67835**
Address2:
City: **Cimarron** State: **KS** Zip: **67835**
Home Telephone: **(620) 255-2854** Business Phone: **(620) 255-2854**
Email Address: **ric.koehn@gmail.com**

Affiliated or Connected Organizations Name: **Bleeding Kansas Advocates, Inc**
Address: **PO Box 19426, Lenexa, KS 66285**
Address2:
City: **Lenexa** State: **KS** Zip: **66285**

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: **4/23/2019 2:17:17 PM** Signature of Chairperson: **Lisa Sublett**

[Print this form](#) or [Go Back](#)

[Print this form](#) or [Go Back](#)



**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: **Bleeding Kansas Advocates PAC**
Address: **P.O. Box 19426**
Address2: **12416 West 102nd Street**
City: **Lenexa** State: **KS** Zip: **66215**
Business Phone: **(913) 396-9675**
Email Address: **bkapacinfo@gmail.com**

Chairperson Name: **Lisa Sublett**
Address: **12416 West 102nd Street, Lenexa, Ks 66215**
Address2:
City: **Lenexa** State: **KS** Zip: **66215**
Home Telephone: **(913) 605-0238** Business Phone: **(913) 396-9675**
Email Address: **president@bleedingks.org**

Treasurer Name: **Ric Koehn**
Address: **P.O. Box 468 Cimarron, Ks 67835**
Address2:
City: **Cimarron** State: **KS** Zip: **67835**
Home Telephone: **(620) 255-2854** Business Phone: **(620) 255-2854**
Email Address: **ric.koehn@gmail.com**

Affiliated or Connected Organizations Name: **Bleeding Kansas Advocates, Inc**
Address: **PO Box 19426, Lenexa, KS 66285**
Address2:
City: **Lenexa** State: **KS** Zip: **66285**

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: **1/7/2018 9:28:34 AM** Signature of Chairperson: **Lisa Sublett**

[Print this form](#) or [Go Back](#)

RECEIVED

STATEMENT OF ORGANIZATION

AUG 05 2016

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

KS Governmental Ethics Commission

(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 type="checkbox"/> Amended Statement

COMMITTEE (PLEASE TYPE OR PRINT)

Name	Bleeding Kansas Advocates PAC	
Mailing Address (Street, City, State, Zip Code)	PO BOX 19426 Lenexa, KS 66285	
Business Telephone	(913) 396-9675	

CHAIRPERSON

Name	Lisa Sublett	Home Telephone	(913) 605-0238
Mailing Address (Street, City, State, Zip Code)	12416 W. 102 nd St. Lenexa, KS 66215		
Business Telephone	(913) 396-9675		

TREASURER

Name	Ric Koehn	Home Telephone	(720) 235-2854
Mailing Address (Street, City, State, Zip Code)	PO BOX 468 Cimarron, KS 67835		
Business Telephone			

AFFILIATED OR CONNECTED ORGANIZATIONS

Name	Bleeding Kansas Advocates, Inc
Mailing Address (Street, City, State, Zip Code)	

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."

7/28/16
(Date)

Lisa Sublett
(Signature of Chairperson)