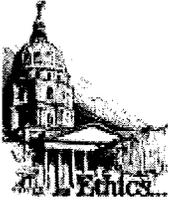


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**Campaign Finance
Statement of Organization
For Political Action Committees
And Party Committees**

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 Families for Education Political Action Committee**

Address: **P.O. Box 860892**

Address2:

City: **Shawnee** State: **KS** Zip: **66286-0892**

Business Phone: **(785) 608-4685**

Email Address: **info@fundourpublicschools.com**

Chairperson Name: **Christine Cindric**

Address: **7464 Nall Avenue**

Address2:

City: **Overland Park** State: **KS** Zip: **66208**

Home Telephone: **(816) 810-4623** Business Phone:

Email Address: **chriscindric@gmail.com**

Treasurer Name: **Robert Choromanski**

Address: **8545 Oakview Drive**

Address2:

City: **Lenexa** State: **KS** Zip: **66215-4190**

Home Telephone: **(785) 608-4685** Business Phone: **(785) 608-4685**

Email Address: **rchoroma@hotmail.com**

Affiliated or Name:

Connected Address:

Organizations Address2:

City: State: Zip:

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

A non-partisan, volunteer-driven organization of Kansas parents, students and taxpayers committed to upholding and defending our state's constitutional mandate to provide a quality public education for all Kansas children, regardless of their ZIP code.

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: **6/1/2020 2:55:54 PM** Signature of Chairperson: **Christine Cindric**

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Email Address: **chriscindric@gmail.com**

Treasurer Name: **Robert Choromanski**

Address: **14413 W. 80th Terrace**

Address2:

City: **Lenexa** State: **KS** Zip: **66215-4111**

Home Telephone: **(913) 599-1468** Business Phone: **(785) 608-4685**

Email Address: **rchoroma@hotmail.com**

Affiliated or Name:

Connected Address:

Organizations Address2:

City: State: Zip:

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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: **11/29/2019 7:09:54 PM** Signature of Chairperson: **Christine Cindric**

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