

STATEMENT OF ORGANIZATION

FILED

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

SECRETARIES

(See Reverse Side For Instructions)

KRIS W. KOBACH  
SECRETARY OF STATE

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 <i>Kansas State Rifle Association Political Action Committee</i>	
Mailing Address (Street, City, State, Zip Code) <i>PO Box 219, Bonner Springs, KS 66012</i>	Business Telephone <i>(913) 608-1910</i>

CHAIRPERSON

Name <i>Moriah Day</i>	
Home Telephone <i>(620) 778-2083</i>	
Mailing Address (Street, City, State, Zip Code) <i>PO Box 219, Bonner Springs, KS 66012</i>	Business Telephone <i>(913) 608-1910</i>

TREASURER

Name <i>Moriah Day</i>	
Home Telephone <i>(620) 778-2083</i>	
Mailing Address (Street, City, State, Zip Code) <i>PO Box 219, Bonner Springs, KS 66012</i>	Business Telephone <i>(913) 608-1910</i>

AFFILIATED OR CONNECTED ORGANIZATIONS

Name <i>Kansas State Rifle Association</i>	
Mailing Address (Street, City, State, Zip Code) <i>PO Box 219, Bonner Springs, KS 66012</i>	

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."

10-05-15  
(Date)

M. Moriah Day  
(Signature of Chairperson)