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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: **Sunflower Dairy PAC**  
Address: **1037 Hwy 39**  
Address2:  
City: **Fort Scott** State: **KS** Zip: **66701**  
Business Phone:  
Email Address:

**Chairperson** Name: **Aaron Pauly**  
Address: **25717 west 63rd south**  
Address2:  
City: **Viola** State: **KS** Zip: **67149**  
Home Telephone: Business Phone:  
Email Address: **apauly@gardenplaincoop.com**

**Treasurer** Name: **Lynda Foster**  
Address: **1037 Hwy 39**  
Address2:  
City: **Fort Scott** State: **KS** Zip: **66701**  
Home Telephone: Business Phone:  
Email Address: **milkmaid6@hotmail.com**

**Affiliated or Connected Organizations** Name: **Kansas Dairy Association**  
Address: **P.O. Box 1530**  
Address2:  
City: **Hays** State: **KS** Zip: **67601**

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: **1/24/2020 9:24:14 AM** Signature of Chairperson: **Aaron Pauly**

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STATEMENT OF ORGANIZATION

AUG 19 2010

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

This is a (check one)	<input type="checkbox"/> Party Committee	<input 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 Sun Flower Dairy Pac

Mailing Address (Street, City, State, Zip Code) 1037 Hwy 39 Fort Scott KS 66701 Business Telephone (620) 768-9223

CHAIRPERSON

Name Byron Lehman Home Telephone (620) 327-2119

Mailing Address (Street, City, State, Zip Code) 5308 N Meridian Newton KS 67114 Business Telephone (316) 215-5039

TREASURER

Name Lynda Foster Home Telephone (620) 547-2414

Mailing Address (Street, City, State, Zip Code) 1037 Hwy 39 Fort Scott KS 66701 Business Telephone (620) 768-9223

AFFILIATED OR CONNECTED ORGANIZATIONS

Name None

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.

Dairy

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."

8-17-10  
(Date)

Byron Lehman  
(Signature of Chairperson)