

STATEMENT OF ORGANIZATION

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 checked="" type="checkbox"/> Amended Statement

COMMITTEE (PLEASE TYPE OR PRINT)

Name	Kansas Truth PAC	
Mailing Address (Street, City, State, Zip Code)	Business Telephone	
8315 Oakcrest Lane, Ozawkie, KS 66070	( 785 )	249-8095

CHAIRPERSON

Name	Kasha Kelley	Home Telephone	( )
Mailing Address (Street, City, State, Zip Code)	Business Telephone		
P.O. Box 1111, Arkansas City, KS 67005	( )		

TREASURER

Name	Michelle Schroeder	Home Telephone	( )
Mailing Address (Street, City, State, Zip Code)	Business Telephone		
8315 Oakcrest Lane, Ozawkie, KS 66070	( )		

AFFILIATED OR CONNECTED ORGANIZATIONS

Name	The Kansas Truth Caucus, Inc.		
Mailing Address (Street, City, State, Zip Code)			
P.O. Box 860762, Shawnee, KS 66286			

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

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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."

July 10, 2018  
(Date)

Kasha Kelley  
(Signature of Chairperson)