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

Governmental Ethics Commission
109 W. 9th, Suite 504
Topeka, KS 66612
Phone (785) 296-4219
Fax (785) 296-2548
www.kansas.gov/ethics

This is a (Check one) Party Committee PAC

This is an (Check one) Initial Appointment Amended Statement

Committee Name: **Security Benefit Life Insurance PAC**
Address: **1 Security Benefit Place**
Address2:
City: **Topeka** State: **KS** Zip: **66636**
Business Phone: **(785) 438-3267**
Email Address: **lisa.young@securitybenefit.com**

Chairperson Name: **John Guyot**
Address: **1 Security Benefit Place**
Address2:
City: **Topeka** State: **KS** Zip: **66636**
Home Telephone: Business Phone: **(785) 438-3362**
Email Address: **john.guyot@securitybenefit.com**

Treasurer Name: **Lisa Young**
Address: **1 Security Benefit Place**
Address2:
City: **Topeka** State: **KS** Zip: **66636**
Home Telephone: Business Phone: **(785) 438-3267**
Email Address: **lisa.young@securitybenefit.com**

Affiliated or Connected Organizations Name: **Security Benefit Corporation**
Address: **1 Security Benefit Place**
Address2:
City: **Topeka** State: **KS** Zip: **66636**

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: **2/22/2016 1:02:47 PM** Signature of Chairperson: **John F. Guyot**

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