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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 State Rifle Association PAC**

Address: **PO Box 8760**

Address2:

City: **Topeka** State: **KS** Zip: **66608**

Business Phone: **(913) 608-1910**

Email Address: **mday@kansasrifle.org**

Chairperson Name: **Moriah Day**

Address: **PO Box 8760**

Address2:

City: **Topeka** State: **KS** Zip: **66608**

Home Telephone: Business Phone: **(913) 608-1910**

Email Address: **mday@kansasrifle.org**

Treasurer Name: **Moriah Day**

Address: **PO Box 8760**

Address2:

City: **Topeka** State: **KS** Zip: **66608**

Home Telephone: Business Phone: **(913) 608-1910**

Email Address: **mday@kansasrifle.org**

Affiliated or Connected Organizations Name: **Kansas State Rifle Association Inc**

Address: **PO Box 8760**

Address2:

City: **Topeka** State: **KS** Zip: **66608**

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: **1/9/2023 9:41:12 PM** Signature of Chairperson: **Matthew Moriah Day**

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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>	

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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."

10-05-15
(Date)

M. Moriah Day
(Signature of Chairperson)