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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: **Kansans for Higher Education Political Action Committee**

Address: **8340 Mission Road**

Address2: **Suite 106**

City: **Prairie Village** State: **KS** Zip: **66206**

Business Phone:

Email Address: **kansansforhighereducation@gmail.com**

Chairperson

Name: **John Ballard**

Address: **5436 W. 100th Terrace**

Address2:

City: **Overland Park** State: **KS** Zip: **66211**

Home Telephone: Business Phone:

Email Address: **jballard1951@sbcglobal.net**

Treasurer

Name: **Kristofer Borden**

Address: **5725 Walmer Street**

Address2:

City: **Mission** State: **KS** Zip: **66202**

Home Telephone: Business Phone:

Email Address: **kborden1357@gmail.com**

**Affiliated or
Connected
Organizations**

Name:

Address:

Address2:

City: State: Zip:

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

Primary interest of contributors is the support of higher education in Kansas.

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: **7/21/2023 11:26:57 AM** Signature of Chairperson: **John Ballard**

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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 checked="" type="checkbox"/> Political Action Committee
This is an (check one)	<input checked="" type="checkbox"/> Initial Statement	<input type="checkbox"/> Amended Statement

COMMITTEE

(PLEASE TYPE OR PRINT)

Name: Kansans for Excellence In Education	
Mailing Address (Street, City, State, Zip Code) 8518 E Peppertree, Wichita, KS 67226	Business Telephone (620) 629 5423

CHAIRPERSON

Name Sally Cauble	Home Telephone (620) 629 5423
Mailing Address (Street, City, State, Zip Code) 8518 E Peppertree, Wichita, KS 67226	Business Telephone (620) 629 5423

TREASURER

Name Sally Cauble	Home Telephone (620) 629 5423
Mailing Address (Street, City, State, Zip Code) 8518 E Peppertree	Business Telephone (620) 629 5423

AFFILIATED OR CONNECTED ORGANIZATIONS

Name _____
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.
Those interested in the Excellence of Education in Kansas.

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."

7-28-22
(Date)

Sally Cauble
(Signature of Chairperson)