

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 type="checkbox"/> Initial Statement	<input type="checkbox"/> Amended Statement

COMMITTEE (PLEASE TYPE OR PRINT)

Name	Kansas Insurance Agents Political Action Committee	
Mailing Address (Street, City, State, Zip Code)	Business Telephone	
815 SW Topeka Blvd Topeka, KS 66612	(785) 232-0561	

CHAIRPERSON

Name	Brock Elliott	Home Telephone	(913) 963-6819
Mailing Address (Street, City, State, Zip Code)	Business Telephone		
278 Fairlane Dr Lousiburg, KS 66053-0639	(913) 837-5125 x 412		

TREASURER

Name	Elizabeth Smoller	Home Telephone	(785) 317-4076
Mailing Address (Street, City, State, Zip Code)	Business Telephone		
815 SW Topeka Blvd Topeka, KS 66612	(785) 232-0561		

AFFILIATED OR CONNECTED ORGANIZATIONS

Name	Kansas Association of Insurance Agents		
Mailing Address (Street, City, State, Zip Code)	815 SW Topeka Blvd Topeka, KS 66612		

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

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."

7-6-22
(Date)

BA Smoller
(Signature of Chairperson)