JAN 112016 STATEMENT OF ORGANIZATION
SEOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES
(See Reverse Side For Instructions)
This is a (check one) Party Committee Political Action Committee
This is an (check one) Initial Statement Amended Statement
COMMITTEE (PLEASE TYPE OR PRINT)
Name National Association of Insurance and Financial Advisors of Kansas Political Action Comm
Mailing Address (Street, City, State, Zip Code)Business Telephone825 S. Kansas, Ste. 500, Topeka, Ks 66612(785) 354-7770
CHAIRPERSON
Name Home Telephone   James Moore ()
Mailing Address (Street, City, State, Zip Code)Business Telephone2500 West 31st Street, Ste. B, Lawrence, Ks 66047(785) 841-4664
TREASURER
Name Home Telephone ( )
Mailing Address (Street, City, State, Zip Code)Business Telephone825 S. Kansas, Ste. 500, Topeka, Ks 66612(785)233-4512
AFFILIATED OR CONNECTED ORGANIZATIONS
Name National Association of Insurance and Financial Advisors of Kansas
Mailing Address (Street, City, State, Zip Code) 825 S. Kansas, Ste. 500, 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."
(Date) (Signature of Chairperson)
Governmental Ethics Commission Rev.200

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