

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 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

Independent Family Farmer PAC

Mailing Address (Street, City, State, Zip Code)

842 S. 10th Street Salina KS 67401

Business Telephone

(785) 819-6887

CHAIRPERSON

Name

Greg Stephens

Home Telephone

(785) 819-6887

Mailing Address (Street, City, State, Zip Code)

842 S. 10th Street Salina, KS 67401

Business Telephone

(785) 819-6887

TREASURER

Name

Julie Stephens

Home Telephone

(785) 819-0040

Mailing Address (Street, City, State, Zip Code)

842 S. 10th Salina KS 67401

Business Telephone

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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.

Agriculture

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."

10-13-2022
(Date)

Greg Stephens
(Signature of Chairperson)