## STATEMENT OF ORGANIZATION

FILED

FOR PO	LITICAL ACT	ON COMMITTE	ES AND PAR	тү сфм	MANT2E1E2820
(See Reverse Side For Instructions)				SI	SCOTT SCHWAB CRETARY OF STATE
	This is a (check one)	Party Committee	Political Action		
	This is an (check one)	Initial Statement	✓ Amended Stat	ement	
COMMITTEE		(D) EASE TVDE OF	D DD INIT)		
N					
Kansa	s State Farm Agent	s & Employees PAC			
Mailing Address (Street, City, State, Zip Code) 825 S. Kansas Ave, Suite 500 Topeka, KS 66612			Business Telephone (785) 233.4512		
CHAIRPERSO	)N				
Name			Home Telephone		
Jim Garrison			( 785 ) 220.0804		
Mailing Address (Street, City, State, Zip Code) 6750 SW 29th St Topeka, KS 66614			Business ( 785 )	Telephone 272.0332	
TREASURER					
Name	od see		Home Tel		-
	ohnson	Zin Codo)	( 785	) 462.752	5
2626 Highw	ss (Street, City, State, vay K25 Colby, KS	67701	( 785	Telephone ) 233.4512	2
AFFILIATED	OR CONNECTED C	RGANIZATIONS			
Name					
Mailing Addres	ss (Street, City, State,	, Zip Code)			
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.  Contributors wish to contribute to candidates for state office that support legislation that is beneficial to the insurance industry					
belief is true, co	orrect and complete. If filing a false docume	n examined by me and a land that the intendent is a class A misdent (Signat	tentional failure to f	file this docu	
	thics Commission		1		Rev.2000