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STATEMENT OF ORGANIZATION					
Reset page STATEMENT OF ORGANIZATION FOR POLITICAL ACTION COMMITTEES AND PARTY COMMUTEER See Reverse Side For Instructions) Initial Statement Initial Statement Image: Initial Statement					
(See Reverse Side For Instructions)					
	This is a (check one)	Party Committee	Political Action Commi	ttee ^{<thics< sup=""> Cop</thics<>}	
	This is an (check one)	Initial Statement	Amended Statement	-mmission	
COMMITTEE		(PLEASE TYPE OF			
Name The K	ansas Truth PAC				
Mailing Address (Street, City, State, Zip Code)Business Telephone13000 SW Sante Fe Lake Rd., Augusta, KS 67010(316)305-5573					
CHAIRPERSO	ON				
Name Steve Brunk				Home Telephone (316) 393-7117	
Mailing Address (Street, City, State, Zip Code) 8119 Champions Ct., Wichita, KS 67226			Business Telepl	Business Telephone ()	
TREASURER					
Name George Bachman			Home Telephone (316) 305-5573		
Mailing Address (Street, City, State, Zip Code)Business Telephone13000 SW Sante Fe Lake Rd., Augusta, KS 67010()					
AFFILIATED	OR CONNECTED O	RGANIZATIONS			
Name Kansas Truth Caucus Inc.					
Mailing Address (Street, City, State, Zip Code) PO Box 606, Hesston, KS 67062					
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.					
belief is true, c	this statement has been orrect and complete. I	•	to the best of my knowled tentional failure to file this eanor."	-	
(Date) (Signature of Chairperson)					
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Governmental	Ethics Commission		Print p	age Rev.2000	