

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

RECEIVED

(See Reverse Side For Instructions)

This is a (check one)	<input checked="" 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

MAR 08 2023

Governmental Ethics Commission

COMMITTEE

(PLEASE TYPE OR PRINT)

Name Victory Fund 4	
Mailing Address (Street, City, State, Zip Code) PO Box 1914, Topeka, Kansas, 66607	Business Telephone ( 785 ) 234-0425

CHAIRPERSON

Name Jeanna Repass	Home Telephone ( 913 ) 498-3932
Mailing Address (Street, City, State, Zip Code) 12615 Slater Lane, Overland Park, Kansas 66213	Business Telephone ( )

TREASURER

Name Vicki Hiatt	Home Telephone ( 913 ) 481-3002
Mailing Address (Street, City, State, Zip Code) 21522 W 72nd St., Shawnee, Kansas 66218	Business Telephone ( )

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.

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."

3/8/2023  
(Date)

Jeanna Repass  
(Signature of Chairperson)

RECEIVED

FEB 03 2022

KS Governmental Ethics Commission

# STATEMENT OF ORGANIZATION

## FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

This is a (check one)	<input checked="" type="checkbox"/> Party Committee	<input type="checkbox"/> Political Action Committee
This is an (check one)	<input type="checkbox"/> Initial Statement	<input checked="" type="checkbox"/> Amended Statement

### COMMITTEE (PLEASE TYPE OR PRINT)

Name	Victory Fund 4	
Mailing Address (Street, City, State, Zip Code)	Business Telephone	
PO Box 1914, Topeka, KS 66601	( 785 )	234-0425

### CHAIRPERSON

Name	Vicki Hiatt	
Mailing Address (Street, City, State, Zip Code)	Business Telephone	
21522 W 72nd St., Shawnee, KS 66218	( )	

### TREASURER

Name	Yolanda Taylor	
Mailing Address (Street, City, State, Zip Code)	Business Telephone	
2021 SW Atwood Ave, Topeka, KS 66604	( 785 )	608-3291

### 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.


\_\_\_\_\_

### 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.”

2/2/2022

\_\_\_\_\_  
(Date)

DocuSigned by:  
  
 4CD2CD09867746A...

\_\_\_\_\_  
(Signature of Chairperson)

# STATEMENT OF ORGANIZATION

## FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

This is a (check one)	<input checked="" type="checkbox"/> Party Committee	<input type="checkbox"/> Political Action Committee
This is an (check one)	<input type="checkbox"/> Initial Statement	<input checked="" type="checkbox"/> Amended Statement

RECEIVED

APR - 1 2021

COMMITTEE (PLEASE TYPE OR PRINT)

KS Governmental Ethics Commission

Name Democratic Tallgrass Committee

Mailing Address (Street, City, State, Zip Code)  
PO Box 1914 Topeka, KS 66601

Business Telephone  
( 785 ) 234 0425

CHAIRPERSON

Name Vicki Hiatt

Home Telephone  
( 913 ) 422 1952

Mailing Address (Street, City, State, Zip Code)  
21522 W 72nd St Shawnee, KS 66218

Business Telephone  
( )

TREASURER

Name Yolanda Taylor

Home Telephone  
( 785 ) 608 3291

Mailing Address (Street, City, State, Zip Code)  
2021 SW Atwood Ave Topeka, KS 66604

Business Telephone  
( )

AFFILIATED OR CONNECTED ORGANIZATIONS

Name

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

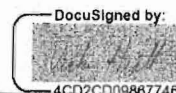
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

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."

3/31/2021

(Date)



(Signature of Chairperson)