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Campaign Finance Statement of Organization For Political Action Committees And Party Committees

Governmental Ethics Commission 109 W. 9th, Suite 504 Topeka, KS 66612 Phone (785) 296-4219 Fax (785) 296-2548 www.kansas.gov/ethics

This is a (Check one)

**Party Committee** 

**Initial Appointment** 

PAC

**Amended Statement** 

This is an (Check one)

Name: Bluestem Fund Address: P.O. Box 2481

Address2:

City: Topeka State: KS Zip: 66601

Business Phone: Email Address:

Chairperson

Committee

Name: L. J. Leatherman

Address: 2348 SW Topeka

Address2:

City: **Topeka** State: **KS** Zip: **66611**Home Telephone: Business Phone: Email Address: **!jlaw@jpalmerlaw.co** 

**Treasurer** 

Name: Jim Jesse

Address: 4609 Trail Rd

Address2:

City: Lawrence State: KS Zip:66049-2158

Home Telephone: Business Phone: Email Address: jimjesse@sunflower.com

Affiliated or Connected

Organizations

Name: Address:

Address2:

City: State: Zip:

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

contributors.

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.

Executed on:

Date: 11/1/2012 8:57:00 AM Signature of Chairperson: L.J. Leatherman

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# STATEMENT OF ORGANIZATION

### FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

| (See R   | everse Side For Instru     | nctions)                              | Err                  |
|--|----------------------------|---------------------------------------|----------------------|
| This is a (check one)  | Party Committee            | Political Action Committee            | FILED                |
| This is an (check one)   | Initial Statement          | Amended Statement                     | JUL 27 7012          |
| ,  |                            | 7                                     | 27 2012              |
|  | EASE TYPE OR PRI           | NT)                                   | SECRETARY OF STATE   |
| The Bluesten Fu  | nd                         |                                       | OF STATE             |
| Mailing Address (Street, City, State, Zip Co   | ode)                       | Business Telephone (785) 749-5        | 5997                 |
|  | KS 64049                   | (1897)4                               |                      |
| CHAIRPERSON  |                            |                                       |                      |
| Name<br>LJ Leathermen  | ·                          | Home Telephone                        | 4077                 |
| Mailing Address (Street, City, State, Zip Co   |                            | Business Telephone                    |                      |
| 2348 Topeka Blu  | c) ropete 19               | s (785 ) 233-1                        | 83(                  |
| TREASURER  | · ·                        | <u> </u>                              |                      |
| Name Tim Jesse   |                            | Home Telephone                        | 20.4                 |
| Mailing Address (Street, City, State, Zip Co   |                            | ( 185 ) 550 - 9<br>Business Telephone | 1346                 |
| 1409 Trail Road L  | awrence,                   | (786)749-                             | 5977                 |
| AFFILIATED OR CONNECTED ORGAN  | KS 66049                   |                                       |                      |
| Name   | EATIONS                    |                                       |                      |
|  |                            |                                       |                      |
| Mailing Address (Street, City, State, Zip Co   | de)                        |                                       |                      |
|  | <u> </u>                   | ·                                     |                      |
| f not connected or affiliated with an organizatio  | n, identify the trade, pro | ofession, or primary interest         | of the contributors. |
| <del></del>  |                            | <u>·</u>                              |                      |
|  |                            |                                       |                      |
| SIGNATURE:   | and by managed to the L    |                                       |                      |
| "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."  |                            |                                       |                      |
| 7/19/2017  | Like                       | 18                                    |                      |
| (Date)   | Signature of (             | Chairperson)                          |                      |
| Sovernmental Ethics Commission   |                            | •                                     | Rev.2000             |

# STATEMENT OF ORGANIZATION STATEMENT OF ORGANIZATION FOR ROPTIFICAL ACTION COMMITTEES AND PARTY COMMITTEES (See Reverse Side For Instructions) Political Action Committee This is a (check one) Party Committee Amended Statement This is an (check one) **Initial Statement** (PLEASE TYPE OR PRINT) **COMMITTEE** Name Mailing Address (Street, City, State, Zip Code) 11521 SW Frontage Rd Topeka Wals (185) 817-4642 **Business Telephone CHAIRPERSON** Name Home Telephone ARRY LEAtherman $(785)^{2}$ 49-409 Mailing Address (Street, City, State, Zip Code) Business Telephone 23418 Topeka Blud Topeka 6661 185) 233-1836 **TREASURER**

### 

AFFILIATED OR CONNECTED ORGANIZATIONS

Name

NONE

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."

(Date) 2010

Mgnature of Chairperson)

Governmental Ethics Commission

Rev.2000