

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

FILED
DEC 29 2015
 KRIS W. KOBACH
 SECRETARY OF STATE

COMMITTEE (PLEASE TYPE OR PRINT)

Name	The Bluestem Fund	
Mailing Address (Street, City, State, Zip Code)	P.O. Box 2481, Topeka, KS, 66601	
Business Telephone	()	

CHAIRPERSON

Name	L.J. Leatherman	Home Telephone	()	
Mailing Address (Street, City, State, Zip Code)	2348 SW Topeka Blvd, Topeka, KS 66611		Business Telephone	()

TREASURER

Name	Craig Grant	Home Telephone	()	
Mailing Address (Street, City, State, Zip Code)	2505 Stowe Drive, Lawrence, KS 66049		Business Telephone	(785) 691-7076

AFFILIATED OR CONNECTED ORGANIZATIONS

Name	The Bluestem Foundation for Economic Freedom		
Mailing Address (Street, City, State, Zip Code)	1021 Rhode Island St., Lawrence, KS 66044		

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

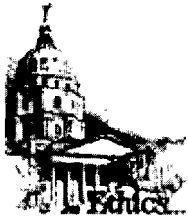
SIGNATURE:

"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."

12-22-15
(Date)


(Signature of Chairperson)

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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 PAC

This is an (Check one) Initial Appointment Amended Statement

Committee Name: **The Bluestem Fund**
Address: **P.O. Box 2481**
Address2:
City: **Topeka** State: **KS** Zip: **66601**
Business Phone:
Email Address:

Chairperson Name: **L.J. Leatherman**
Address: **2348 SW Topeka**
Address2:
City: **Topeka** State: **KS** Zip: **66611**
Home Telephone: Business Phone:
Email Address: **ljlaw@jpalmerlaw.com**

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.

Contributors share a belief in common sense policies that will foster great Kansas schools, good paying jobs and every Kansan an opportunity to acheive the American dream.

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: **10/16/2014 11:19:00 AM** Signature of Chairperson: **L..J. Leatherman**

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This is a (Check one) **Party Committee** **PAC**

This is an (Check one) **Initial Appointment** **Amended Statement**

CommitteeName: **Bluestem Fund**Address: **P.O. Box 2481**

Address2:

City: **Topeka** State: **KS** Zip: **66601**

Business Phone:

Email Address:

ChairpersonName: **L. J. Leatherman**Address: **2348 SW Topeka**

Address2:

City: **Topeka** State: **KS** Zip: **66611**

Home Telephone: Business Phone:

Email Address: **ljlaw@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**[Print this form](#) or [Go Back](#)