



Kansas Legislative Contact Form

NAIFA Kansas APIC

Your Name: _____ Date: _____
 Business Address: _____
 City, State, Zip: _____
 Telephone: _____ Fax: _____
 Email: _____

For State APIC Chair Rating:

Home Address: _____
 City, State, Zip: _____
 Kansas Senate District: _____ Kansas House District: _____

Your Party Affiliation: Democrat Republican Other

Are you an IFAPAC contributor? Yes No

Please specify if you are a member of one of the following affiliated organizations:
 AALU AHIA SFSP GAMA MDRT

Members of KS legislature and statewide elected officials for whom you would like to be a contact:
 A. _____ B. _____

Please check the short descriptions below to indicate your personal relationship with the members you have listed above.

- | | |
|--|---|
| <p>A B</p> <p><input type="checkbox"/> <input type="checkbox"/> Close Personal Friend</p> <p><input type="checkbox"/> <input type="checkbox"/> Business Associate</p> <p><input type="checkbox"/> <input type="checkbox"/> Neighbor</p> <p><input type="checkbox"/> <input type="checkbox"/> Went to School Together</p> <p><input type="checkbox"/> <input type="checkbox"/> Belong to Same Civic, Social or Fraternal Group</p> <p><input type="checkbox"/> <input type="checkbox"/> Mutual Friend</p> <p><input type="checkbox"/> <input type="checkbox"/> Active in Campaign</p> <p style="padding-left: 20px;"><input type="checkbox"/> <input type="checkbox"/> Campaign Chair</p> <p style="padding-left: 20px;"><input type="checkbox"/> <input type="checkbox"/> Finance Chair</p> <p style="padding-left: 20px;"><input type="checkbox"/> <input type="checkbox"/> Campaign Committee</p> <p style="padding-left: 20px;"><input type="checkbox"/> <input type="checkbox"/> Fundraising</p> | <p>A B</p> <p><input type="checkbox"/> <input type="checkbox"/> Constituent</p> <p><input type="checkbox"/> <input type="checkbox"/> Campaign Contributor (cumulatively annually)</p> <p style="padding-left: 40px;"><input type="checkbox"/> <input type="checkbox"/> \$0-\$99</p> <p style="padding-left: 40px;"><input type="checkbox"/> <input type="checkbox"/> \$100-\$499</p> <p style="padding-left: 40px;"><input type="checkbox"/> <input type="checkbox"/> \$500-\$999</p> <p style="padding-left: 40px;"><input type="checkbox"/> <input type="checkbox"/> \$1000 and above</p> <p><input type="checkbox"/> <input type="checkbox"/> Client of Mine</p> <p><input type="checkbox"/> <input type="checkbox"/> Business Neighbor</p> <p><input type="checkbox"/> <input type="checkbox"/> Acquaintance</p> <p><input type="checkbox"/> <input type="checkbox"/> Other: _____</p> |
|--|---|

It would be helpful to provide us with further information indicating the degree of your relationship with the legislator(s) listed above. Use the space below in which to do so.