FILED	STATE	MENT OF OR	GANIZATI	ION	
FORPOINT	TCAL ACTION	N COMMITTE	ES AND P	ARTY COMM	IITTEES
RONTHORNBURGH SECRETARY OF STA	TE (Se	ee Reverse Side For	Instructions)		
1 mis	is a (check one)	Party Committee	-/	ction Committee	
Inis	is an (check one)	Initial Statement	Amended	Statement	
COMMITTEE		PLEASE TYPE OF	R PRINT)	management Process	
Name	ty Bankers	PAC		-	
Mailing Address (St 3003 SW	reet, City, State, Zip Van Buren	_ / / _		ness Telephone 5) 271-140	7
CHAIRPERSON	*			9	
Name Steve t	Kend Ke	*/	Home	Telephone	7
Mailing Address (St		o Code)	Busin	ness Telephone	
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TREASURER	35, 37				
Name Sha Ri	Weber		Home (Telephone	
Mailing Address (St		Code)	Busin	ness Telephone	
Scene a	es above			,	
AFFILIATED OR C	ONNECTED ORG	ANIZATIONS			
Name Commun	ty Bankers	Association	of Kansa	U.	
Mailing Address (Str	reet, City, State, Zip	Code)			
5am as	ebove				
If not connected or affil	iated with an organiz	ration, identify the tra	de profession o	or primary interest o	f the contributors
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SIGNATURE:					
"I declare that this sta					
belief is true, correct or intentionally filing				to file this docume	ent
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8-4-05 (Date)			4		
(Date)		(Signati	are of Chairpers	on)	

Governmental Ethics Commission

Rev.2000