

FILED

JUL 20 2005

RON THORNBURGH  
SECRETARY OF STATE

### STATEMENT OF ORGANIZATION

### FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

RECEIVED  
JUL 19 2005

(See Reverse Side For Instructions)

This is a (check one)	<input 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

Governmental Ethics Commission  
100 WEST 9TH STREET  
TOPEKA, KANSAS 66612

#### COMMITTEE (PLEASE TYPE OR PRINT)

Name <i>KANSAS INSURANCE AGENTS POLITICAL ACTION COMMITTEE</i>	
Mailing Address (Street, City, State, Zip Code) <i>815 S.W. TOPEKA AVE. TOPEKA, KS 66612</i>	Business Telephone <i>(785) 232-0561</i>

#### CHAIRPERSON

Name <i>CINDY HOWER</i>	Home Telephone <i>(785) 364-3447</i>
Mailing Address (Street, City, State, Zip Code) <i>101 W. 7th STREET HOLTON, KS 66436</i>	Business Telephone <i>(785) 364-2921</i>

#### TREASURER

Name <i>LARRY W. MAGILL JR.</i>	Home Telephone <i>(785) 267-6967</i>
Mailing Address (Street, City, State, Zip Code) <i>3600 RANDOLPH Sq. #40 TOPEKA, KS 66611</i>	Business Telephone <i>(785) 232-0561</i>

#### AFFILIATED OR CONNECTED ORGANIZATIONS

Name <i>KANSAS ASSOCIATION OF INSURANCE AGENTS</i>
Mailing Address (Street, City, State, Zip Code) <i>815 S.W. TOPEKA AVE. TOPEKA, KS 66612</i>

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."

7/19/05  
(Date)

*[Signature]*  
(Signature of ~~Chairperson~~  
TREASURER