STATEMENT OF ORGANIZATION ITICAL ACTION COMMITTEES AND PARTY COMMI (See Reverse Side For Instructions) Political Action Committee Party Committee This is a (check one) Amended Statement Initial Statement This is an (check one) (PLEASE TYPE OR PRINT) COMMITTEE Name KANSAS SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS POLITICAL ACTION COMMITTEE Mailing Address (Street, City, State, Zip Code) Business Telephone 10805H WARMARER, SUITE 200, TOPEKA 6604( 285) 272 4366 CHAIRPERSON Home Telephone (620) 276 - 6527 Name PhizLIP DICK Mailing Address (Street, City, State, Zip Code)
1102 HACKBERRY, GARDEN LITY, KS 67846 (620) 275-9267 TREASURER Name Marvin Mayoew Home Telephone (785) 267-0294 Mailing Address (Street, City, State, Zip Code) Business Telephone 800 SHJACKSON, SUISE 900, TOPEKA, & 66612- (785) 232-0545 AFFILIATED OR CONNECTED ORGANIZATIONS Name KARSAS SOCIETY OF CPAS Mailing Address (Street, City, State, Zip Code) 1090 SW WARRAKER, SUISE 200, JOPEKA, KS 66604-3007 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.

(Signature of Chairperson)

Governmental Ethics Commission

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