

FILED

JUN 07 2005

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES
SECRETARY OF STATE

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

COMMITTEE (PLEASE TYPE OR PRINT)

Name <i>McPherson Education Association Political Action Committee</i>	
Mailing Address (Street, City, State, Zip Code) <i>700 E Eliza Beth McPherson, KS 67460</i>	Business Telephone <i>(620) 241-9450</i>

CHAIRPERSON

Name <i>Diane Clements</i>	Home Telephone <i>(620) 241-3488</i>
Mailing Address (Street, City, State, Zip Code) <i>400 Liberty Dr. McPherson, KS 67460</i>	Business Telephone <i>(620) 241-9450</i>

TREASURER

Name <i>John Wagoner</i>	Home Telephone <i>(620) 241-7937</i>
Mailing Address (Street, City, State, Zip Code) <i>709 Somerset McPherson, KS 67460</i>	Business Telephone <i>(620) 241-9550</i>

AFFILIATED OR CONNECTED ORGANIZATIONS

Name
Mailing Address (Street, City, State, Zip Code)

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

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."

6-6-05
(Date)

Dianne Clements
(Signature of Chairperson)