

FILE

MAY 08 2002
RON THORNBURGH
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 type="checkbox"/> Amended Statement

COMMITTEE (PLEASE TYPE OR PRINT)

Name BUD BURKE'S PAL

Mailing Address (Street, City, State, Zip Code) LAWRENCE, KS 66047 Business Telephone (785) 749-5822

CHAIRPERSON

Name BUD BURKE Home Telephone (785) 749-5878

Mailing Address (Street, City, State, Zip Code) SAME Business Telephone ()

TREASURER

Name BUD BURKE Home Telephone ()

Mailing Address (Street, City, State, Zip Code) Business Telephone ()

AFFILIATED OR CONNECTED ORGANIZATIONS

Name NONE

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.

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."

5-8-02
(Date)

Bud Burke
(Signature of Chairperson)