

JUL 21 2004

ROBERT HOORNBERG  
SECRETARY OF STATE

STATEMENT OF ORGANIZATION

RECEIVED

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

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

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 Political Action Council of Salina	
Mailing Address (Street, City, State, Zip Code) 120 W. Ash, PO Box 586, Salina, KS 67402-0586	Business Telephone ( 785 ) 827-9301

CHAIRPERSON

Name Sheldon Walle	Home Telephone ( )
Mailing Address (Street, City, State, Zip Code) 120 W. Ash, PO Box 586, Salina, KS 67402-0586	Business Telephone ( 785 ) 827-9301

TREASURER

Name Gerald Cook	Home Telephone ( )
Mailing Address (Street, City, State, Zip Code) 120 W. Ash, PO Box 586, Salina, KS 67402-0586	Business Telephone ( 785 ) 827-9301

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.

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."

\_\_\_\_\_  
(Date)

  
(Signature of Chairperson)