RECEIVE STATEMENT OF ORGANIZATION JUL 15 2004 FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES INC. JUL 19 2004 TOPEKA, KANSAS 85012 (See Reverse Side For Instructions) This is a (check one) Party Committee Political Action Committee Amended Statement This is an (check one) Initial Statement COMMITTEE (PLEASE TYPE OR PRINT) Name Mailing Address (Street, City, State, Zip Code) Business Telephone etc ma 816) 221-4646 CHAIRPERSON Home Telephone Name Mark Allen .mi Mailing Address (Street, City, State, Zip Code) Business Telephone TREASURER Home Telephone im Velly ms Mailing Address (Street, City, State, Zip Code) Business Telephone AFFILIATED OR CONNECTED ORGANIZATIONS mid America Medical Applicates Mailing Address (Street, City, State, Zip Code) SA mil 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."

Br. Mysicaller ND (Signature of Chairperson)

Governmental Ethics Commission

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