STATEMENT OF ORGANIZATION RECEIVE

- DANBURATATE			· range of parties
FOR POLITICAL AC	TION COMMITTE	ES AND PARTY C	OMMITTEES
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This is no (about your	$\overline{}$		TOPEIGT KANDAS FESTA
This is a (check one		Political Action Commi	ttee
This is an (check one) Initial Statement	Amended Statement	
COMMITTEE	(PLEASE TYPE OF	R PRINT)	
Name KC WCS PAC	LKS South		
Mailing Address (Street, City, Str 1000 Genesce 4423	ite, Zip Code) LUNS (UHL MO (Business Teleph 04102 (816) 321	10ne -4046
CHAIRPERSON	· ·		
Name Makk allen	ms	Home Telephone	
Mailing Address (Street, City, Sta	ate, Zip Code)	Business Teleph	none
TREASURER			
Name Jim Kelly, Mi)		Home Telephone	
Mailing Address (Street, City, Sta	ite, Zip Code)	Business Teleph	none
AFFILIATED OR CONNECTED	ORGANIZATIONS		
Name Mid America	Medical allili	ales	
Mailing Address (Street, City, Sta	ite, Zip Code)		
If not connected or affiliated with an	organization, identify the tra	ade, profession, or primary is	nterest of the contributors.
SIGNATURE: "I declare that this statement has belief is true, correct and complete or intentionally filing a false document of the statement has belief is true, correct and complete or intentionally filing a false document."	e. I understand that the int ment is a class-A misdeme	entional failure to file this amor." Aller Am Mil	
(Date)	> (Signati	ire of Chäirperson)	77

Governmental Ethics Commission

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