STATEMENT OF ORGANIZATION LFTIGAL ACTION COMMITTEES AND PARTY COMMITTEES TOPEKA, KANSA (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 Union #168 Separate Segregate Mailing Address (Street, City, State, Zip Code) P.O. Box 3115 Kansas City KS. CHAIRPERSON Home Telephone Name Mailing Address (Street, City, State, Zip Code) Business Telephone Kansas C:tv MO. 64108 TREASURER Name Home Telephone Richard Johnson (8/6) 252-0905 Mailing Address (Street, City, State, Zip Code) Business Telephone Indopendance MO AFFILIATED OR CONNECTED ORGANIZATIONS Name Mailing Address (Street, City, State, Zip Code) P.O. Box 3115 Kansas City KS. 66103 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."

11/8/05 (Daté) Signature of Chairperson)

Governmental Ethics Commission

Rev.2000

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