OCT 3 1 2005 STATEMENT OF ORGANIZATION
FOR POTE TELL ACTION COMMITTEES AND PARTY COMMITTEES SECRETARY OF STATE
(See Reverse Side For Instructions)
This is a (check one) Party Committee Political Action Committee
This is an (check one) Initial Statement Amended Statement
COMMITTEE (PLEASE TYPE OR PRINT)
Name Kansas Alliance for Education
Mailing Address (Street, City, State, Zip Code) P.O. 130X 615, Johnson, KS 67855 Business Telephone (620) 397-3242
CHAIRPERSON
Name Donald J. Hineman (620) 397-2504
Mailing Address (Street, City, State, Zip Code) 116 5. Long horn Rd., Dighton K5 67839 (620) 397-3242
TREASURER
Name Rosemary Clary Home Telephone (620) 492-1793
Mailing Address (Street, City, State, Zip Code) P.O. Box 612, Johnson, KS 67855 (620) 492-6214
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. Kansas State Board of Education elections
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."
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