

FILED
FEB 16 2006
RON THORNBURGH
SECRETARY OF STATE

STATEMENT OF ORGANIZATION

RECEIVED
FEB 16 2006
GOVERNMENTAL ETHICS COMMISSION
104 WEST 10TH STREET
TOPEKA, KANSAS 66604

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

This is a (check one)	<input type="checkbox"/> Party Committee	<input 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	KANSAS CONSTITUTION PARTY	
Mailing Address (Street, City, State, Zip Code)	P.O. BOX 483 WICHITA 67201	
Business Telephone	(316) 744-1155	

CHAIRPERSON

Name	KIRT POOVEY	Home Telephone	(620) 662-4454	
Mailing Address (Street, City, State, Zip Code)	1275 26TH ROAD LITTLE RIVER 67457		Business Telephone	(620) 897-6386

TREASURER

Name	CURTIS ENGELBRECHT	Home Telephone	(316) 744-1155	
Mailing Address (Street, City, State, Zip Code)	5713 EAST 39TH ST. NORTH BEL AIR 67220		Business Telephone	(316) 977-0643

AFFILIATED OR CONNECTED ORGANIZATIONS

Name	CONSTITUTION PARTY		
Mailing Address (Street, City, State, Zip Code)	23 N. LIME ST. LANCASTER PA 17602		

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."

2/9/06
(Date)

[Signature]
(Signature of Chairperson)

RECEIVED

JUL 20 2000

STATEMENT OF ORGANIZATION

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

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

This is a (check one)	<input checked="" type="checkbox"/> Party Committee	<input 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	Kansas Constitution Party (Formerly Kansas Taxpayers Party)	
Mailing Address (Street, City, State, Zip Code)	PO Box 483, Wichita, KS 67201	
Business Telephone	(316) 264-9881	

CHAIRPERSON

Name	Cedric Boehl	Home Telephone	(316) 263-3792
Mailing Address (Street, City, State, Zip Code)	1127 N Emporia, Wichita, KS 67214	Business Telephone	(316) 264-4488 (cell-for emerg. only)

TREASURER

Name	Curtis Engelbrecht	Home Telephone	(316) 744-1155
Mailing Address (Street, City, State, Zip Code)	5713 E. 39 th St North	Business Telephone	67220 (316) 526-6578

AFFILIATED OR CONNECTED ORGANIZATIONS

Name	United States Constitution Party (Formerly United States Taxpayers Party)	
Mailing Address (Street, City, State, Zip Code)	450 Maple Ave East Vienna, VA 22180-4724	

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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."

7/20/00
(Date)

Cedric Boehl
(Signature of Chairperson)