Sep. 11. 2008 2:11PM KANSAS BUILDERS ASSOCIATION

No. 0875 P. 1/1

	Construction of the second sec
STATEMENT OF ORGANIZATION	
FOR POLITICAL ACTION COMMITTEES AND PARTY COMM	ATTEES
(See Reverse Side For Instructions)	
This is a (check one)Party CommitteePolitical Action CommitteeThis is an (check one)Initial StatementAmended Statement	
COMMITTEE (PLEASE TYPE OR PRINT)	
Name BUILDERS ASSOC OF KS POLITICAL ACTION C	OMMITEE
Mailing Address (Street, City, State, Zip Code) 212 SW 8 <sup>th</sup> AVE TOPERA KS 6603 (785) 232-21	31
CHAIRPERSON	
Name Home Telephone ()	
Mailing Address (Street, City, State, Zip Code) 2/2 SW 8T AUE TOPEKA KS 66603 (105) 232-21	3/
TREASURER	
Name HRISTINA WILSON Home Telephone	
Mailing Address (Street, City, State, Zip Code) ZIZ SW 8 <sup>TH</sup> AVE TOPEFA KS (1060 <sup>3</sup> (785) 232-21	131
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name KANSUS BUILDING NOUSTRY ASSOC.	
Mailing Address (Street, City, State, Zip Code) ZIZ SW 3th AVE TOPEKA KS 66603	
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of	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 docume or intentionally filing a false document is a class A misdemeanor."	ent
<u>O9/10/08</u> <u>(Nie Ulloc)</u> (Date) (Signature of Chairperson)	
Governmental Ethics Commission	Rev.2000

STATEMENT OF ORGANIZATION ON COMMITTEES AND PARTY COMMI (See Reverse Side For Instructions) Political Action Committee Party Committee This is a (check one) Amended Statement Initial Statement This is an (check one) (PLEASE TYPE OR PRINT) COMMITTEE Name ulder Asside of Telephone 1/54-9705 Mailing Address (Street, City, State, Zip Code) CHAIRPERSON Home Telephone (786)539 - 555 Name phn young Business Telephone Mailing Address (Street, City, State, Zip Code) Le 16502 85157 TREASURER Home Telephone Name This Ulloon 26547 Business Telephone Mailing Address (Street, City, State, Zip Code) , Wam-Dow Dr., Wameer AFFILIATED OR CONNECTED ORGANIZATIONS Name Ustry Mailing Address (Stre If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors. home Drugann 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." Rev.2000 Governmental Bihics Commission