

# STATEMENT OF ORGANIZATION

## FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

RECEIVED

This is a (check one)

☐

Party Committee

☐

Political Action Committee

This is an (check one)

☐

Initial Statement

☐

Amended Statement

MAY 21 2008

RECEIVED

COMMITTEE

(PLEASE TYPE OR PRINT)

MAY 20 2008

Name

Bud Burke's PAC

KS Governmental Ethics Commission

Mailing Address (Street, City, State, Zip Code)

4604 Cherry Hill Drive Lawrence, KS 66047

Business Telephone

( 785 ) 749-5822

CHAIRPERSON

Name

Bud Burke

Home Telephone

( 785 ) 749-5878

Mailing Address (Street, City, State, Zip Code)

4604 Cherry Hill Drive Lawrence, KS 66047

Business Telephone

( 785 ) 749-5822

TREASURER

Name

SAME

Home Telephone

( )

Mailing Address (Street, City, State, Zip Code)

Business Telephone

( )

AFFILIATED OR CONNECTED ORGANIZATIONS

Name

NONE

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.

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."

7/24/15 2008  
(Date)

Bud Burke  
(Signature of Chairperson)

FILE

MAY 08 2002

FON THORNSBURGH  
SECRETARY OF STATE

## STATEMENT OF ORGANIZATION

## FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

This is a (check one)	<input type="checkbox"/> Party Committee	<input checked="" type="checkbox"/> Political Action Committee
This is an (check one)	<input type="checkbox"/> Initial Statement	<input type="checkbox"/> Amended Statement

## COMMITTEE

(PLEASE TYPE OR PRINT)

Name

BUD BURKE'S PAL

Mailing Address (Street, City, State, Zip Code)

LAWRENCE

Business Telephone

2009 Camelback Drive, KS 66047 (785) 749-5822

## CHAIRPERSON

Name

BUD BURKE

Home Telephone

(785) 749-5878

Mailing Address (Street, City, State, Zip Code)

SAME

Business Telephone

( )

## TREASURER

Name

BUD BURKE

Home Telephone

( )

Mailing Address (Street, City, State, Zip Code)

Business Telephone

( )

## AFFILIATED OR CONNECTED ORGANIZATIONS

Name

NONE

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.

## 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."

5-8-02

(Date)

  
 (Signature of Chairperson)