## JUN 0 4 2008 STATEMENT OF ORGANIZATION REPORTORISHED ACTION COMMITTEES AND PARTY COMMITTEES (See Reverse Side For Instructions) Party Committee Political Action Committee This is a (check one) Amended Statement This is an (check one) Initial Statement COMMITTEE (PLEASE TYPE OR PRINT) Name KANSAS SPORTSMAN'S ALLIANCE Mailing Address (Street, City, State, Zip Code) Business Telephone POB 26685, Overland Parts, K5 106225 CHAIRPERSON Name Home Telephone JACOB SWISHER (913) 575-2759 Mailing Address (Street, City, State, Zip Code) Business Telephone 7201 W 89 Street Overland Park, K5 66212 **TREASURER** Name Home Telephone (913) 886-0567 Mailing Address (Street, City, State, Zip Code) Business Telephone 9218 Farley Lane, OP, K3 46212 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. Second amandment suso 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." (Signature of Chairperson) Governmental Ethics Commission Rev.2000

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STATEMENT OF ORGANIZATION	
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COMMITTEE (PLEASE TYPE OR PRINT)	
Name,	
KANSAS SPORTSMEN'S ALLIANCE	
Mailing Address (Street, City, State, Zip Code)  Business Telephone	
5427 JOHNSON DRIVE POB #133 (9/3) 638-6292	
CHAIRPERSON	
Name Home Telephone	
TACOB SWISHER (-)	
Mailing Address (Street, City, State, Zip Code)  Business Telephone	
8655 COLLEGE BULD. O.A., KS 66210 (913) 322-6355	
THE ACLINED	
TREASURER Hans Talanhana	
Name Home Telephone  (CERALD NEELY	
Mailing Address (Street, City, State, Zip Code)  Business Telephone	
9218 FARZEY 2N, O.P., KS 66212 ()	
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name	
Mailing Address (Street, City, State, Zip Code)	$\dashv$
Maining Address (Street, City, State, Zip Code)	
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contrib	outors.
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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(Date) (Signature of Chairperson)	
Community Public Commission	. 2000
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