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	This is a (check one)	Party Committee	Political Action Committee	
	This is an (check one)	Initial Statement	✓ Amended Statement	
COMMITTEE		(PLEASE TYPE OI	R PRINT)	
Name Kansa	ns for Lifesaving Cu	res		
Mailing Address (Street, City, State, Zip Code) PO Box 394, Topeka, KS 66601			Business Telephone (785) 276-9400	
CHAIRPERSO	ON			
Name Bradley Kemp			Home Telephone (785) 843-0448	
	ss (Street, City, State, , Topeka, KS 66601		Business Telephone (785) 276-9400	
TREASURER				
Name Bradle	y Kemp		Home Telephone (785) 843-0448	
Mailing Addre	ss (Street, City, State, 4, Topeka, KS 6660	Zip Code)	Business Telephone (785) 276-9400	
AFFILIATED	OR CONNECTED O	RGANIZATIONS		
Name Kansa	s Coalition for Lifesa	aving Cures		
_	ss (Street, City, State, , Topeka, KS 66601	Zip Code)		
If not connected of	or affiliated with an orga	anization, identify the tra	ade, profession, or primary interest of the contri	butors.
belief is true, co	his statement has been prrect and complete. I	•	to the best of my knowledge and entional failure to file this document eanor."	

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STATEMENT OF ORGANIZATION AL ACTION COMMITTEES AND PARTY COMMITTEES (See Reverse Side For Instructions) Note: Only the PAC's This is a (check one) Party Committee Political Action Committee mailing address is changed on this This is an (check one) Initial Statement Amended Statement statement. (PLEASE TYPE OR PRINT) COMMITTEE Name Kansans for Lifesaving Cures Mailing Address (Street, City, State, Zip Code) Business Telephone PO Box 1141, Lawrence KS 66044 (785 841-7900 CHAIRPERSON Name Home Telephone Lori Hutfles 841-4787 (785 Mailing Address (Street, City, State, Zip Code) Business Telephone PO Box 1141, Lawrence KS 66044 (785) 841-7900 TREASURER Name Home Telephone Bradley Kemp (785 843-0448 Mailing Address (Street, City, State, Zip Code) Business Telephone PO Box 1141, Lawrence, KS 66044 (785 841-7900 AFFILIATED OR CONNECTED ORGANIZATIONS Name Kansas Coalition for Lifesaving Cures Mailing Address (Street, City, State, Zip Code) PO Box 188, Lawrence, KS 66044 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."

(Signature of Chairperson

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