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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

SOUTHWESTERN ASSOCIATION - KANSAS POLITICAL ACTION COMMITTEE

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

638 W 39TH ST KANSAS CITY, MO 64111

Business Telephone

(816) 561-5323

CHAIRPERSON

Name

JEFFREY H. FLORA

Home Telephone

(913) 851-9776

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

4908 W 131 TERR LEAWOOD, KS 66209

Business Telephone

(816) 561-5323

TREASURER

Name

ROBERT M. CHARBONNEAU

Home Telephone

(913) 299-9890

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

7903 ELIZABETH AVE KANSAS CITY, KS 66112

Business Telephone

(816) 561-5323

AFFILIATED OR CONNECTED ORGANIZATIONS

Name

SOUTHWESTERN ASSOCIATION

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

638 E 39TH ST KANSAS CITY, MO 64111

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."

11.21.07

(Date)

Jeff H. Flora

(Signature of Chairperson)