SEP 0 à 2008

SEP STATEMENT OF ORGANIZATION
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES
(See Reverse Side For Instructions)
This is a (check one) Party Committee Political Action Committee
This is an (check one) Initial Statement Amended Statement
COMMITTEE (PLEASE TYPE OR PRINT)
Name Emporta Education PAC
Mailing Address (Street, City, State, Zip Code) Business Telephone (GO) 342-3272
66801
CHAIRPERSON
Name Home Telephone (3620) 342-5310
Mailing Address (Street, City, State, Zip Code) Business Telephone 1420 Neocho Emphiaks (6680)
TREASURER
Name Shelly Lutes. Home Telephone (U20) 342-3272
Mailing Address (Street, City, State, Zip Code) 1217 State Emporior K566801 ()
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.
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