

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

RECEIVED
 GOVERNMENTAL ETHICS COMMISSION
 JUL 23 2008

COMMITTEE (PLEASE TYPE OR PRINT) **KS Governmental Ethics Commission**

Name KANSAS DENTAL PAC

Mailing Address (Street, City, State, Zip Code) 5200 SW HUNTON, TOPEKA, KS 66604 Business Telephone (785) 272-7360

CHAIRPERSON

Name Cynthia Sherwood Home Telephone (620) 331-8739

Mailing Address (Street, City, State, Zip Code) Independence 708 N. 6th St. P.O. Box 967 KS 67301 Business Telephone (620) 331-4499

TREASURER

Name MARK ARMFIELD Home Telephone (316) 775-2698

Mailing Address (Street, City, State, Zip Code) 2814 Ohio St, Augusta, KS 67010 Business Telephone (316) 775-2698

AFFILIATED OR CONNECTED ORGANIZATIONS

Name KANSAS DENTAL ASSOCIATION

Mailing Address (Street, City, State, Zip Code) 5200 SW HUNTON, TOPEKA, KS 66604

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."

6-27-08
(Date)

Cynthia Sherwood
(Signature of Chairperson)