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FILL DEC 2 3 2008 STATEMENT OF ORGANIZATION FOR POEFTICAL ACTION COMMITTEES AND PARTY COMMISSION (See Reverse Side For Instructions)	MITTEES
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 Kansas NEA Political Action Committee	
Mailing Address (Street, City, State, Zip Code)Business Telephone715 SW Tenth Ave., Topeka, KS 66612(785) 232-8271	
CHAIRPERSON	_
NameHome TelephoneBlake C. West(913) 302-8418	
Mailing Address (Street, City, State, Zip Code)Business Telephone715 SW Tenth Ave., Topeka, KS 66612(785) 232-8271	
TREASURER	
NameHome TelephoneClaudette Johns(785)841-1701	
Mailing Address (Street, City, State, Zip Code)Business Telephone715 SW Tenth Ave., Topeka, KS 66612(785)232-8271	
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name Kansas National Education Association	
Mailing Address (Street, City, State, Zip Code) 715 SW Tenth Ave., Topeka, KS 66612	
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of	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 docum or intentionally filing a false document is a class A misdemeanor." 12/23/08 Where C weat	ient
(Date) (Signature of Chairperson)	-
Governmental Ethics Commission	Rev.2000