

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

RECEIVED

This is a (check one)	<input type="checkbox"/> Party Committee	<input type="checkbox"/> Political Action Committee
This is an (check one)	<input type="checkbox"/> Initial Statement	<input type="checkbox"/> Amended Statement

MAY 20 2008
RECEIVED

COMMITTEE

(PLEASE TYPE OR PRINT)

MAY 20 2008

Name Bud Burke's PAC

KS Governmental Ethics Commission

Mailing Address (Street, City, State, Zip Code)
4604 Cherry Hill Drive Lawrence, KS 66047

Business Telephone
(785) 749-5822

CHAIRPERSON

Name Bud Burke

Home Telephone
(785) 749-5878

Mailing Address (Street, City, State, Zip Code)
4604 Cherry Hill Drive Lawrence, KS 66047

Business Telephone
(785) 749-5822

TREASURER

Name SAME

Home Telephone
()

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

Business Telephone
()

AFFILIATED OR CONNECTED ORGANIZATIONS

Name NONE

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."

7 May 15, 2008
(Date)

Bud Burke
(Signature of Chairperson)