

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

RECEIVED
JUL 16 2008
KS Governmental Ethics Commission

(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 checked="" type="checkbox"/> Amended Statement

COMMITTEE (PLEASE TYPE OR PRINT)

Name	Political Action Council of Salina	
Mailing Address (Street, City, State, Zip Code)	Business Telephone	
120 W. Ash, PO Box 586, Salina, KS 67402-0586	(785) 827-9301	

CHAIRPERSON

Name	Home Telephone
Sheldon Walle	()
Mailing Address (Street, City, State, Zip Code)	Business Telephone
120 W. Ash, PO Box 586, Salina, KS 67402-0586	(785) 827-9301

TREASURER

Name	Home Telephone
Dennis Lauver	()
Mailing Address (Street, City, State, Zip Code)	Business Telephone
120 W. Ash, PO Box 586, Salina, KS 67402-0586	(785) 827-9301

AFFILIATED OR CONNECTED ORGANIZATIONS

Name	
Salina Area Chamber of Commerce	
Mailing Address (Street, City, State, Zip Code)	
120 W. Ash, PO Box 586, Salina, KS 67402-0586	

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."

12/3/07
(Date)


(Signature of Chairperson)