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 |
| <u> </u> | |
| COMMITTEE (PLEASE TYPE OR PRINT) | |
| Name Kenses Allience for Education | |
| Mailing Address (Street, City, State, Zip Code) 1438 N. County Rd 3, Leoti, K. 67861 (620) 214,000 Z | |
| CHAIRPERSON | |
| Name lerry Woodbury | Home Telephone (620) 214. 000 Z |
| Mailing Address (Street, City, State, Zip Code) | Business Telephone (Same as above |
| TREASURER | |
| Name Rosewary Clary Mailing Address (Street, City, State, Zip Code) | Home Telephone (620) 992 - 1793 |
| Mailing Address (Street, City, State, Zip Code) P.D. Box 836, Syrcuse, Ks. 67879 | Business Telephone (620)353 - 4920 |
| 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. Diverse trades 2 professions. Primary interest of the contributors. Public education | |
| "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." (Date) (Signature of Chairperson) | |
| Governmental Ethics Commission | Rev.2000 |

| OCT 3 1 2005 STATEMENT OF ORGANIZATION | |
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| FOR POISTATE 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 Kansas Alliance for Education | |
| Mailing Address (Street, City, State, Zip Code) P.O. 130X 615, Johnson, KS 67855 Business Telephone (620) 397-3242 | |
| CHAIRPERSON | |
| Name Donald J. Hineman (620) 397-2504 | |
| Mailing Address (Street, City, State, Zip Code) 116 5. Long horn Rd., Digiton K5 67839 (620) 397-3242 | |
| TREASURER | |
| Name Rosemary Clary Home Telephone (620) 492-1793 | |
| Mailing Address (Street, City, State, Zip Code) P.O. Box 612, Johnson, KS 67855 (620) 492-6214 | |
| 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. Kansas State Board of Education elections | |
| 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." | |
| (Date) (Signature of Chairperson) | |

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