

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

COMMITTEE

(PLEASE TYPE OR PRINT)

Name	Kansas Chamber Jobs Political Action Committee	
Mailing Address (Street, City, State, Zip Code)	Business Telephone	
835 SW Topeka Blvd., Topeka, KS 66612	(785)	357-6321

CHAIRPERSON

Name	Michael Maddox	Home Telephone	()
Mailing Address (Street, City, State, Zip Code)	Business Telephone		
835 SW Topeka Blvd., Topeka, KS 66612	(785)	357-6321	

TREASURER

Name	Jeff Glendening	Home Telephone	()
Mailing Address (Street, City, State, Zip Code)	Business Telephone		
835 SW Topeka Blvd., Topeka, KS 66612	(785)	357-6321	

AFFILIATED OR CONNECTED ORGANIZATIONS

Name	Kansas Chamber of Commerce		
Mailing Address (Street, City, State, Zip Code)	835 SW Topeka, Blvd. Topeka, KS 66612		

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."

5-19-08

(Date)

(Signature of Chairperson)