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STATEMENT OF ORGANIZATION

AUG 192010

FOR PO	DLITICAL ACTIO	ON COMMITTE	ES AND PART	Y CÖÑMITE	EESmas &
•	(See Reverse Side For	Instructions)		
	This is a (check one)	Party Committee	Political Action C	ommittee	
÷	This is an (check one)	Initial Statement	Amended Statem	ent	
COMMITTE	.,	(PLEASE TYPE OF	R PRINT)		· .
Name Sun	Flower Dair	y Pac		·	
	ess (Street, City, State, 2 wy 39 Feet		Business T	elephone 768 - 7223	_
CHAIRPERS	ON -				
Name Byror	n Lehman		Home Telephone (620) 327-2119		
	ess (Street, City, State, 2 Menidian Newto		Business T	elephone 215 - 503 9.	
TREASURER	\				
Name Lynda	Foster		Home Telep	hone 547 - 2416	
• ,	ess (Street, City, State, 2 y 39 Fort Sce		Business T	elephone 768 9-223	
AFFILIATED	OR CONNECTED OR	GANIZATIONS			
Name	None_		,		
Mailing Addre	ess (Street, City, State, 2	Zip Code)			
fnot connected	or affiliated with an orga		ade, profession, or prim	ary interest of the co	ontributors.
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belief is true, c	: this statement has been orrect and complete. I u filing a false document	understand that the int	entional failure to file	•	
<u>8-17-</u> (Date)	10.	13-	ure of Chairperson)		
•		(Signan	ine of Chairperson)		
lovernmental F	Ethics Commission	•	•	•	Rev.2000

FILED OCT 2 1 2008

STATEMENT OF ORGANIZATION

RON THORNBURGH SECHEDARY POLITICAL ACTION COMMIT	TEES AND PARTY COMMITTEES				
	For Instructions)				
(See Reverse Side For Instructions) This is a .(check one)					
This is an (check one) This is an (check one) This is an (check one)					
This is all (check one)	Amended Statement				
COMMITTEE (PLEASE TYPE	OR PRINT)				
Name Sunflower Dairy PAC					
Mailing Address (Street, City, State, Zip Code) 13501 W. 85th N. Valley Center, KS 67147	Business Telephone (316) 796-0173				
CHAIRPERSON					
Name . Byron Lehman	Home Telephone (620) 327-2119				
Mailing Address (Street, City, State, Zip Code) 5308 N. Meridian Newton, KS 67114	Business Telephone (316) 215-5039				
TREASURER					
Name	Home Telephone				
Bob Seiler	(316) 796-0173				
Mailing Address (Street, City, State, Zip Code) 13501 W. 85th N. Valley Center, KS 67147	Business Telephone () SAME				
AFFILIATED OR CONNECTED ORGANIZATIONS					
Name					
Mailing Address (Street, City, State, Zip Code)					
If not connected or affiliated with an organization, identify the Agriculture, Dairy production	e trade, profession, or primary interest of the contributors.				
SIGNATURE: "I declare that this statement has been examined by me ar belief is true, correct and complete. I understand that the or intentionally filing a false document is a class A misde	intentional failure to file this document				
9-24-08	on Ekran				
(Date) (Sign	nature of Chairperson)				
Governmental Ethics Commission	Rev.2000				