

JIII 26 2010 STATEMENT OF ORGANIZATION KB Governmental Lunics Commission FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES (See Reverse Side For Instructions) This is a (check one) Party Committee Political Action Committee Amended Statement This is an (check one) Initial Statement **COMMITTEE** (PLEASE TYPE OR PRINT) Name Manhattar Mailing Address (Street, City, State, Zip Code) Business Telephone **CHAIRPERSON** Name Home Telephone Business Telephone Mailing Address (Street, City, State, Zip Code) Manhattan, KS (785) 58 TREASURER Name Home Telephone Business Telephone Mailing Address (Street, City, State, Zip Code) AFFILIATED OR CONNECTED ORGANIZATIONS Name Maxinattan/ 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."

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Governmental Ethics Commission