

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

COMMITTEE (PLEASE TYPE OR PRINT)

Name Lenexa Business Issues Committee

Mailing Address (Street, City, State, Zip Code) 11180 Lackman Rd Lenexa, KS 66219 Business Telephone (913) 888-1414

CHAIRPERSON

Name Phil Hammond Home Telephone (913) 888-3217

Mailing Address (Street, City, State, Zip Code) 11180 Lackman Rd. Lenexa, KS 66219 Business Telephone (913) 244-4750

TREASURER

Name Mandy Stuke Home Telephone (913) 492-9519

Mailing Address (Street, City, State, Zip Code) 11180 Lackman Rd. Lenexa, KS 66219 Business Telephone (913) 438-4923

AFFILIATED OR CONNECTED ORGANIZATIONS

Name Lenexa Chamber of Commerce

Mailing Address (Street, City, State, Zip Code) 11180 Lackman Rd. Lenexa, KS 66219

If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

N/A

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."

6/26/10 (Date)

Phil Hammond (Signature of Chairperson)

FILED JUN 30 2010 SECRETARY OF STATE