

# 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 Kansas Contractors Association Political Action Committee

Mailing Address (Street, City, State, Zip Code)  
PO Box 5061, Topeka, KS 66605

Business Telephone  
( 785 ) 266-4152

### CHAIRPERSON

Name  
Orville Spray

Home Telephone  
( )

Mailing Address (Street, City, State, Zip Code)  
PO Box 5061, Topeka, KS 66605

Business Telephone  
( 785 ) 266-4152

### TREASURER

Name  
Orville Spray

Home Telephone  
( ) NA

Mailing Address (Street, City, State, Zip Code)  
PO Box 5061, Topeka, KS 66605

Business Telephone  
( 785 ) 266-4152

### AFFILIATED OR CONNECTED ORGANIZATIONS

Name  
Kansas Contractors Association, Inc.

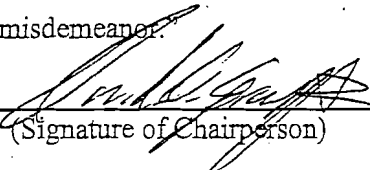
Mailing Address (Street, City, State, Zip Code)  
PO Box 5061, Topeka, KS 66605

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."

3-8-12  
(Date)

  
(Signature of Chairperson)