

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

RECEIVED
 AUG 11 2014
 KRIS W. KOBACH
 SECRETARY OF STATE

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	Lonnie Cannon	Home Telephone (913) 669-0959
Mailing Address (Street, City, State, Zip Code)	11180 Lackman Rd, Lenexa, KS 66219	Business Telephone (913) 888-0601

TREASURER

Name	Michael McVey	Home Telephone (816) 210-5980
Mailing Address (Street, City, State, Zip Code)	11180 Lackman Rd, Lenexa, KS 66219	Business Telephone (816) 994-3502

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.

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."

8/7/2014
(Date)

Lonnie Cannon
(Signature of Chairperson)

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) <u>11180 Lackman Rd Lenexa, KS 66219</u>	Business Telephone <u>(913) 888-1414</u>
---	---

CHAIRPERSON

Name <u>Phil Hammond</u>	Home Telephone <u>(913) 888-3217</u>
-----------------------------	---

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

TREASURER

Name <u>Mandy Stuke</u>	Home Telephone <u>(913) 492-9519</u>
----------------------------	---

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

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