

RECEIVED

STATEMENT OF ORGANIZATION

AUG 19 2010

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

This is a (check one)	<input type="checkbox"/> Party Committee	<input type="checkbox"/> Political Action Committee
This is an (check one)	<input type="checkbox"/> Initial Statement	<input type="checkbox"/> Amended Statement

COMMITTEE (PLEASE TYPE OR PRINT)

Name Sun Flower Dairy Pac

Mailing Address (Street, City, State, Zip Code) 1037 Hwy 39 Fort Scott KS 66701 Business Telephone (620) 768-9223

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 Lynda Foster Home Telephone (620) 547-2414

Mailing Address (Street, City, State, Zip Code) 1037 Hwy 39 Fort Scott KS 66701 Business Telephone (620) 768-9223

AFFILIATED OR CONNECTED ORGANIZATIONS

Name None

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.

Dairy

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."

8-17-10
(Date)

Byron Lehman
(Signature of Chairperson)