

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

RECEIVED  
JUN 5 2024  
KS Governmental Ethics Commission

(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 checked="" type="checkbox"/> Initial Statement	<input type="checkbox"/> Amended Statement

COMMITTEE (PLEASE TYPE OR PRINT)

Name <i>One Kansas, Inc.</i>	
Mailing Address (Street, City, State, Zip Code) <i>P.O. Box 63 Manhattan, KS 66505</i>	Business Telephone ( )

CHAIRPERSON

Name <i>William Lee Modesitt</i>	Home Telephone (785) 313-4514
Mailing Address (Street, City, State, Zip Code) <i>1819 Fairchild Ave. Manhattan, KS 66502</i>	Business Telephone ( )

TREASURER

Name <i>William Lee Modesitt</i>	Home Telephone ( )
Mailing Address (Street, City, State, Zip Code) <i>1819 Fairchild Ave. Manhattan, KS 66502</i>	Business Telephone ( )

AFFILIATED OR CONNECTED ORGANIZATIONS

Name <i>Affiliated w/ One Kansas Inc.</i>
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.  
*Promote common sense solutions to solving issues facing the state of Kansas*

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."

\_\_\_\_\_  
(Date)

  
(Signature of Chairperson)