STATEMENT OF ORGANIZATION EGR-POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES (See Reverse Side For Instructions) Political Action Committee This is a (check one) Party Committee This is an (check one) Initial Statement Amended Statement COMMITTEE (PLEASE TYPE OR PRINT) Name ( Mailing Address (Street, City, State, Zip Code) Business Telephone **CHAIRPERSON** Home Telephone (620) 356-1361 Name 9 V 9 Mailing Address (Street, City, State, Zip Code) Business Telephone TREASURER Name Home Telephone (620) 424-1361 Mailing Address (Street, City, State, Zip Code) Business Telephone AFFILIATED OR CONNECTED ORGANIZATIONS Name 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. 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 misdemednor."

(Date)

(Signature of Chairperson)