STATEMENT OF ORGANIZATION TICAL ACTION COMMITTEES AND PARTY COMMITTEES (See Reverse Side For Instructions) This is a (check one) Party Committee Political Action Committee This is an (check one) Initial Statement Amended Statement COMMITTEE (PLEASE TYPE OR PRINT) Name YARTI Mailing Address (Street, City, State, Zip Code) Business Telephone CHAIRPERSON Name Home Telephone KATHRYN G. FOCKE (785)770-3987Mailing Address (Street, City, State, Zip Code) Business Telephone ABBEY CIRCLE, MANHATTAN KS (785)529-6707 TREASURER Name Home Telephone (785) 776-1075 Mailing Address (Street, City, State, Zip Code) Business Telephone ANDRESON AVE. MANHATTAN (785) 587-2170 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. PRIVATE INDIVIDUALS CONTRIBUTE TRROUGH VARIOUS FUND-RAISING ACTIVITIES THEOLOGHOUT THE 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." (Signature of Chairperson)

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Governmental Ethics Commission