STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES (See Reverse Side For Instructions) Party Committee Political Action Committee This is a (check one) This is an (check one) Initial Statement Amended Statement **COMMITTEE** (PLEASE TYPE OR PRINT) Name Committee Business Telephone PARK PLACE MARKSU) NONS **CHAIRPERSON** Name Home Telephone (785) 562-5467 Mailing Address (Street, City, State, Zip Code) Business Telephone (Ce11 1400 PARK PLACE MARYSULLE K 785) 562-8463 66508 **TREASURER** Name Home Telephone TODD HCKERMAN (785)562-8256 Mailing Address (Street, City, State, Zip Code)

1200 PARK PLACE MARYSUNE KS (66508) 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 misdemeanor." (Signature of Chairperson)

Rev.2000

Governmental Ethics Commission