STATEMENT OF ORGANIZATION FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES RECEIVE (See Reverse Side For Instructions)			
		This is a (check one) Party Committee	Political Action Committee DEC 0 2 201
This is an (check one) Initial Statement	Amended Statement (Statement States)		
COMMITTEE (PLEASE TYPE OR PRINT)			
Name Tallgrass Committee			
Mailing Address (Street, City, State, Zip Code) PO Box 1914 Topeka, KS 66044	Business Telephone (785) 234-0425		
CHAIRPERSON			
Name Joan Wagnon	Home Telephone (785) 286-3254		
Mailing Address (Street, City, State, Zip Code) 4036 NE Kimbal Rd, Topeka, KS 66617-1567	Business Telephone (785) 234-0425		
TREASURER			
Name Matt Watkins	Home Telephone (913) 908-9447		
Mailing Address (Street, City, State, Zip Code) 11130 Whispering Ln, Kansas City, KS 66109-4265	Business Telephone (785) 235-0425		
AFFILIATED OR CONNECTED ORGANIZATIONS			
Name			
Mailing Address (Street, City, State, Zip Code)			
If not connected or affiliated with an organization, identify the tra	ade, profession, or primary interest of the contributors		
SIGNATURE: "I declare that this statement has been examined by me and to belief is true, correct and complete. I understand that the interior intentionally filing a false document is a class A misdense (Date) (Date)	entional failure to file this document		
Governmental Ethics Commission	Rev.2000		