

AMOUNT:		
7 (140 C) (14)		
Get Email Updates	EMAIL	
CONTRIBUTOR INFORMATION		
PREFIX FIRST	INITIAL LAST	SUFFIX
STREET ADDRESS		APARTMENT NO.
STREET PROPERTY		ACTOR INC.
CITY	STATE	ZIP
CONTRIBUTIONS BY PERSONAL	CREDIT CARD	
Please check one: UISA	MasterCard NOOVUS	(20) ACC (20) (20) (20) (20) (20) (20) (20) (20)
NAME ON CARD	CARD#	
SECURITY CODE EXP. DATE	AMOUNT	DATE
SECONITI CODE EAF. DATE	AMOUNT	DATE
SIGNATURE	DAYTIME PHONE	
CONTRIBUTIONS BY PERSONAL	CHECK: Please make payable to O	man for Kansas Inc.
Kansas law requires that we report the contributor's occupation and the industry in which the contributor works.		
OCCUPATION	INDUSTRY	
	40004 W 400H 0: "470 C'	V0.00004

Orman for Kansas Inc.; 18001 W 106th St #150, Olathe, KS 66061 www.OrmanforKansas.com
PAID FOR BY ORMAN FOR KANSAS INC; TIM OWENS, TREASURER