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**FEC** 

Only

## STATEMENT OF

2008 AUG 26 AM 10: 40 **ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. [CERNER CORPORATION PAC IC, E, R, N, E, R CORPORATION ADDRESS (number and street) 128,0,0, ROCKEREEEK, PARKIWAY (Check if address is changed) |m|0| KIAINISIAISI ICI ITIYI CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS MINIAIUGIHITIONOCERNERI. CIOMI BIHIUILILOICIE RINIER IICIOIMI COMMITTEE'S WEB PAGE ADDRESS (URL) COMMITTEE'S FAX NUMBER 18,1,4|-|5,7,1|-|1,9,8,9| 20 2008 DATE C 0 0 4 1 0 5 8 9 **FEC IDENTIFICATION NUMBER** IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Naughton Type or Print Name of Treasurer Date Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use

Toll Free 800-424-9530

Local 202-694-1100

(Revised 12/2007)

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Page 2							
<u> </u>							
ete the candidate							
	L_						
State District							
District	rig vora						
emocratic, epublican, etc.) Party.							
octed organization is a:							
_abor Organization							
Cooperative							
egated fund or party							

		•						
F	EC Fo	rm 1 (Revised 12/2007)	Page 2					
		OMMITTEE						
	didate	e Committee:						
(a)	5	This committee is a principal campaign committee. (Complete the candidate information below.)						
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)							
Name Candi	-	<u> </u>	1111					
Candi Party	date Affiliati	on Sought: House Senate President	ate strict					
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	4. among 50 200 m					
Name Candi			1111					
Part	v Con	nmittee:						
(d)		(National, State (Demo	cratic, ican, etc.) Party.					
Polit	ical A	ction Committee (PAC):						
(e)	8	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a					
	i ii net		r Organization					
			J					
		Membership Organization Trade Association Coop	erative					
<b>(f)</b>		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregat committee. (i.e., nonconnected committee)	ed fund or party					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)						
Joint	Func	draising Representative:	<del></del>					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or m committees/organizations, at least one of which is an authorized committee of a federal candidate.	ore political					
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.						
	Com	nmittees Participating in Joint Fundraiser						
	1.	· ·	Same and see and seems					
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	2.	FEC ID number						
	3.	FEC ID number C	in the same of the same					
	4.	FEC ID number C						
	5.	FEC ID number C	egos gamegosso, se					

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Write or Type Committee Name		
<del></del>		
6. Name of Any Connected (	Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fund	draising Representative
ICIEIRINEIRI ICIOIRI	? O R A T : O N	
Mailing Address	121810101 ROICIKICIRIEIEK   PIAIRIKIWAY	
•	1	
	KIANSIAS CUITY	41177-111
	CITY STATE	ZIP CODE
Relationship:		
Connected Organization	Affiliated Committee Leadership PAC Sponsor Joint Fu	Indraising Representative
	ntify by name, address (phone number optional) and position of the person	in possession of committee
books and records.		
Full Name BETI	H, H, U, C, C, , , , , , , , , , , , , , , ,	
Mailing Address	CERNER CORPORATION	<u> </u>
	[28,0,0, ROCKCREEK PARKWAY	
	MANSAS CITY MO	ا ا ا ا ا ا ا ا ا
	CITY STATE	ZIP CODE
Title or Position		
[AISIS I IST IAINIT	Telephone number $[8,1]$	0-201-2217
8. Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and assistant treasurer).	the name and address of
Full Name of Treasurer	C, N,A,U,G,K,T,O,N, , , , , , , , , , , , , , , , , ,	<del>                                     </del>
Mailing Address	[CERNER CORPORATION	
	[2,8,0,0]   RO, C, K, C, R, E, E, K,   P, A, R, K, W, A, Y,   1	
	CITY STATE	2IP CODE
Title or Position		1-[2,0,1]-[1,9,8,9
- Inicialogue	Telephone number	1 -1011-111011

9.

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Full Name of Designated Agent BET	4 <sub>11</sub> H <sub>1</sub> U <sub>1</sub> C <sub>1</sub> E <sub>1111111</sub>						
Mailing Address	[CIEIRINIEIRI ICIOIRIPIDIRIAITINIOINI						
	[28,0,0,   RIDICIKICIRIEIEIKI 191A1RIK	DA N					
	KIAINISIAIS ICITIY	M <sub>O</sub>	ZIP CODE				
Title or Position		10.					
ASSIN STANT	Telephone nur	nber <u>10 1</u>	<u></u>				
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.							
<u>[<b>u</b>131_1</u> ]	BIAINIKI NIA.		<u> </u>				
Mailing Address	[9,9,0,0, WEST, BITHE ISITIRE	15,7	<u>                                     </u>				
	DIN ERLAIND PARK	アリ	60,21 3-47,99				
	CITY	STATE	ZIP CODE				
Name of Bank, Depository, etc.							
لبيا							
Mailing Address							
		<u>i                                    </u>					
			<u> </u>				
<del></del>	CITY	STATE	ZIP CODE				

(3/2005)

## **Federal Election Commission** ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark Shipping Date Fed Ex Overnight Delivery Service (Specify): Next Business Day Delivery **Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): **PREPARER** DATE PREPARED