JAN 1 2 2004 STATEMENT OF ORGANIZATION FOR POPULATION 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 Cray Ford Courte Denoration Party	
Mailing Address (Street, City, State, Zip Code) Business Telephone Response Street City, State, Zip Code Response Street City, State	.
CHAIRPERSON	10
Nome Telephonic (b20) 347-4419	\neg
Mailing Address (Street, City, State, Zip Code) Business Telephone	-
T.D. Rox SI Prantin &S (620)231-5719	_
TREASURER]
Name Telephone (17) 737 - 2511	
Mailing Address (Street, City, State, Zip Code) Business Telephone	
1901 (Oldna) Dr. (620) 232-1530	
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 contribute Sec 1150 of COND 150 (1875)	ors.
LATTERS CONTROSTORS are STOR LEGIS le tors	-
SIGNATURE:	ŀ
"I declare that this statement has been examined by me and to the best of my knowledge and	Ì
belief is true, correct and complete. I understand that the intentional fallure to file this document or intentionally filing a false document is a class A misdemeanor.	
MIZ-OLI (mol) Thine(1)	
(Date) (Signature of Chairperson)	
Governmental Ethics Commission / Rev.20	100

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