STATEMENT OF OR	
NOV 1 0 2003 STATEMENT OF OR	GANIZATION
1 NON I O COOL 1	
FOR POLITICAL ACTION COMMITTE	ES AND PARTY COMMITTEES
SON TO SELECTION OF THE	
(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	R PRINT)
Name 1./	2
Name Walnut Valley Teachers CeniPAC	
Mailing Address (Street, City, State, Zip Code) 7701 E. Kedagg # 880 Willia Ks L	Business Telephone 7207 (3/6) 685 2397
CHAIRPERSON	
Name_	Homa Talanhona
Dorothy Rucher	Home Telephone
Mailing Address (Street, City, State, Zip Code)	Business Telephone
7701E Kollogg #880 Wichite Ks 6720	7 (316) 685-2397
TREASURER	4 n
Name Carolyn Schmitt	Home Telephone
Mailing Address (Street, City, State, Zip Code)	Business Telephone
7701 E. Kellagg #880 Withite Rs	6767 (3/6) 695 2397
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name	
Mailing Address (Street, City, State, Zip Code)	N
Mailing Address (Street, City, State, Zip Code)	
7701 E Kelling #880 Workita KS L7	207
. //	× 30 50 = 32 100 1-200 11
If not connected or affiliated with an organization, identify the trace	de, profession, or primary interest of the contributors.
Education	
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 inte	
or intentionally filing a false document is a class A misdemea	
11-5-62	Thy a Rucker
	re of Chairperson)
(Dignatu	to or Sharipothori,
Governmental Ethics Commission	Rev.2000