## STATEMENT OF ORGANIZATION

## FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)	-VE
This is a (check one) Party Committee Political Action Committee	7 2005
This is an (check one) Initial Statement Amended Statement	thics Commiss
TOPEKA, KA	TH STREET NSAS 66612
COMMITTEE (PLEASE TYPE OR PRINT)	
Name D Wild Ones	
Mailing Address (Street, City, State, Zip Code) PO Box 1471 Pi Hoborg KS 46762 (620) 231-8/34	11tr. P
CHAIRPERSON	
Name Steven L. LAngerot (620) 479-2176	
Mailing Address (Street, City, State, Zip Code) Business Telephone (620) 232 -1882	
TREASURER	
Name Pat Patricia Waltrip (620) 23/ 8/3	4
Mailing Address (Street, City, State, Zip Code)  907 G Taylor P. Hsborg KS  (Business Telephone)	
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name // A	
Mailing Address (Street, City, State, Zip Code)	
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the connected or affiliated with an organization, identify the trade, profession, or primary interest of the connected or affiliated with an organization, identify the trade, profession, or primary interest of the connected or affiliated with an organization, identify the trade, profession, or primary interest of the connected or affiliated with an organization, identify the trade, profession, or primary interest of the connected or affiliated with an organization, identify the trade, profession, or primary interest of the connected or affiliated with an organization, identify the trade, profession, or primary interest of the connected or affiliated with an organization, identify the trade, profession, or primary interest of the connected or affiliated with an organization, identify the trade, profession, or primary interest of the connected or affiliated with an organization, identify the trade, profession or primary interest of the connected or affiliated with an organization, identify the trade, profession or primary interest of the connected or affiliated with an organization, identify the trade, profession or primary interest of the connected or affiliated with an organization or primary interest of the connected or affiliated with an organization or primary interest of the connected or affiliated with an organization or primary interest of the connected or affiliated with an organization or primary interest of the connected or affiliated with an organization or primary interest of the connected or affiliated with a profession or primary interest or affiliated with a profession or affil	ntributors.
belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanon."    10-1-05	Rev.2000