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MAY 13 E RON THORN FOR ETARY DEOR POI	STATEMENT OF STATEMENT OF STATEMENT OF	ORGANIZATION TTEES AND PARTY COMMITTEES
(See Reverse Side For Instructions)		
1	This is a (check one)	
COMMITTEE	(PLEASE TY)	PE OR PRINT)
Name African - American Democratic Caucus of Kansas Mailing Address (Street, City, State, Zip Code) P.O. Box 2301 Topeka, Ks (64661-2301(785) 273-7541		
CHAIRPERSON		2001-2001 7007 279 70 81
Name Terry	L. Crowder	Home Telephone (785) 273-7541
Mailing Address (Street, City, State, Zip Code) P.O. Box 812 Toprka Ks 46601 (785) 295-7/11		
TREASURER		
Name Yolan	odn Taylor	Home Telephone (785) 354-9189
	(Street, City, State, Zip Code) 2301 Top+K4, Ks 646	Business Telephone
AFFILIATED OR	CONNECTED ORGANIZATIONS	
Name KANS	AS Democratic	Party
Mailing Address (Street, City, State, Zip Code) L 1914 Topeka, Ks	
		he trade, profession, or primary interest of the contributors.
SIGNATURE:	Statement has been evernined by me	

"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 intentional failure to file this document or intentionally filing a false document is a class A misdemeanor."

5 - 10 - 02 (Date)

(Signature of Chairperson)

Governmental Ethics Commission

Rev.2000