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SECRETARY (See Reverse Side For Ins.	AND TAKIT COMMITTEES
SECRETARIAN (See Reverse Side For Ins.	10 - / 1/
(See Reverse Side 1 of this	Political Action Committee To Wash STREET Amended Statement
This is a (check one) Party Committee	Political Action Committee Tolker STATES Committee
This is an (check one) Initial Statement	Amended Statement
COMMITTEE (PLEASE TYPE OR PI	RINT)
Name,	
RANSAS SPORTSMEN'S ALLIAN	PE
Mailing Address (Street, City, State, Zip Code)	Business Telephone
5427 JOHNSON DRIVE POB #133	(913) 638-6292
20111201 01110	170
CHAIRPERSON	
Name	Home Telephone
JACOB SWISHER	(-)
Mailing Address (Street, City, State, Zip Code)	Business Telephone
8655 COLLEGE BULD. O.A., K5 66210	(913) 322-6355
	113 300
TREASURER	
Name	Home Telephone
GERALD NEELY	()
Mailing Address (Street, City, State, Zip Code)	Business Telephone
	()
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9218 FARLEY 2N, O.P., KS 66212	
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AFFILIATED OR CONNECTED ORGANIZATIONS Name	profession, or primary interest of the contributors.
AFFILIATED OR CONNECTED ORGANIZATIONS Name Mailing Address (Street, City, State, Zip Code)	profession, or primary interest of the contributors.
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AFFILIATED OR CONNECTED ORGANIZATIONS Name Mailing Address (Street, City, State, Zip Code) If not connected or affiliated with an organization, identify the trade, SIGNATURE: "I declare that this statement has been examined by me and to the	ne best of my knowledge and ional/failure to file this document
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