STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES					
(See Reverse Side For Instructions)					
This is a (check one) Party Committee Political Action Committee					
This is an (check one)					
COMMITTEE (PLEASE TYPE OR PRINT)					
Name Kansas Black Republican Council					
Mailing Address (Street, City, State, Zip Code) Business Telephone ()					
CHAIRPERSON					
Name Al Maxwell (785) 267-3558					
Mailing Address (Street, City, State, Zip Code) Business Telephone 3669 SE. To Mahawk TR.					
TREASURER (New officer)					
Name Lonnie J. Williams (785) 266-9075					
Mailing Address (Street, City, State, Zip Code) 1224 S.W. Corn Wall ()					
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 contributors.					
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 intentional failure to file this document					
or intentionally filing a false document is a class A misdemeanor."					
7/7/06 aprilell					
7/7/oC (Date) (Signature of Chairperson)					
Governmental Ethics Commission Rev.2000					

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		Party Committee [mmental Ethics Commission 09WEST 9TH STREET OFEKA, KANSAS 86812
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	eet, City, State, Zip Co E Tomahawk	de)	Business Telephon To(pcka), KS	e 66605
CHAIRPERSON				
Name Al M	axwell	10	Home Telephone (785) 267-	-3558
	eet, City, State, Zip Co Tomahaw K		Business Telephon	
TREASURER				
Name Mauxi	ce Holman		Home Telephone	7 497
11 0 0 .	eet, City, State, Zip Co.	01 1/1	Business Telephon	e
AFFILIATED OR CO	ONNECTED ORGANI	ZATIONS	U W2 11 1002 1	-
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(Date)	*	(Signature	e of Chairperson)	
Governmental Ethics (Commission		* *** . *	Rev.2000