MOV 0 3 2006

STATEMENT OF ORGANIZATION NOV 0.2 2005

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RONFOR: PO	ETHCAL ACT	TON COMMITTEES	S AND PARTY COM	METHSEES A. NANSAS 60612	
		(See Reverse Side For Ins	tructions)		
	This is a (check one)	Party Committee	Political Action Committee		
	This is an (check one)	Initial Statement	Amended Statement		
l	This is all (check one)	Initial Statement	Amended Statement	L	
COMMITTEE		(PLEASE TYPE OR P	RINT)		
Name PROK	ANDO				
Mailing Address	ss (Street, City, State	e. Zip Code)	Business Telephone		
		SUITE 215	(316) 691-20	202	
WICHIT CHAIRPERSO	TA, KS 6720				
Name			Home Telephone		
JULIE	BURKHART		()		
	ss (Street, City, State		Business Telephone		
555	N. WOODLAK	UN SUITE 215		002	
	11TA, KS 6:	7208			
TREASURER			U 1		
Name	T		Home Telephone		
The second secon	A JOSLIN		()		
	ss (Street, City, State		Business Telephone		
	N. WOODLAW		(316) 691-2	002	
AFFILIATED	OR CONNECTED O	67208 ORGANIZATIONS			
Name	011 001 11 12 0122				
Mailing Addres	ss (Street, City, State	e, Zip Code)			
			profession, or primary interest	of the contributors.	
TO SUPPO	PT CANDIDAT	res			
SIGNATURE:					
	his statement has bee	en examined by me and to the	ne best of my knowledge and		
"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 extentional failure to file this document					
or intentionally filing a false document is a class A misdemeanor."					
31 Oct 2006 1/14 at					
(Date) (Signature of Chairperson)					
(200)		(Signature	or onumperson)		
Governmental E	thics Commission			Rev.2000	

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STATEMENT OF ORGANIZATION WAR 0.2 2004 STATEMENT OF ORGANIZATION FOR FOLLOWING COMMITTEES AND PARTY COMMITTEES
MAR O BURGHTE
STATEMENT OF ORGANIZATION WAR 0.2 2004 STATEMENT OF ORGANIZATION FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES (See Reverse Side For Instructions)
RONETARY
(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 PRINT)
Name D. L.
110 kgy Do - a pro-chaice grassicots organization
Mailing Address (Street, City, State, Zip Code) P.O. Box 8249, William, IS 6708 (316) 691 2002
CIVA ID DED COV
CHAIRPERSON
Name Julie Burthart (316) 142, 1718
Mailing Address (Street, City, State, Zip, Code) P.O. Box 8249, W. Light, KS 6708 (3/6.) 691, 2002
TREASURER
Name Jogy Armentont (3/6) 838, 2488
Mailing Address (Street, City, State, Zip Code) P.D. Business Telephone Business Telephone Business Telephone
AFFILIATED OR CONNECTED ORGANIZATIONS
Name Worker's Halth CARe Sevares
Mailing Address (Street, City, State, Zip Code) GOT E. Kelleye, Wel- 4, FS 67218
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 interioral failure to file this document
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war goog
(Date) (Signature of Chairperson)

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