STATEMENT OF ORGANIZATION			
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITT	EES		
(See Reverse Side For Instructions) This is a (check one) Party Committee Political Action Committee			
This is a (check one) Party Committee Political Action Committee			
SECRETARY OF This is an (check one) Initial Statement Amended Statement			
COMMITTEE (PLEASE TYPE OR PRINT)			
Name Freedom PAC, Net			
Mailing Address (Street, City, State, Zip Code) Business Telephone			
125 Rock Crock Loop, Lawsing KS 66043 913 883 - 08	71		
J			
CHAIRPERSON			
Name Home Telephone			
John Bradford (913) 351-3688			
Mailing Address (Street, City, State, Zip Code) Business Telephone			
125 Rock Creek Loop, Lawsing, Kr 66043 (913) 683-087			
TREASURER			
Name Home Telephone	Home Telephone		
Cori Collis (913) 250-576	8		
Mailing Address (Street, City, State, Zip Code) Alph Bruiche Dr #1, Learneworth K5 (913) 306 - 423			
Mailing Address (Street, City, State, Zip Code) 46048 Business Telephone			
Mailing Address (Street, City, State, Zip Code) 66048 Business Telephone 2909 Ralph Busiche Dr #1, Lemman Kos (913) 306 - 423			
Mailing Address (Street, City, State, Zip Code) 46048 Business Telephone 2909 Ralph Busicke Dr #1, Learnework 65(913) 306 - 423 AFFILIATED OR CONNECTED ORGANIZATIONS			
Mailing Address (Street, City, State, Zip Code) 46048 Business Telephone 2909 Ralph Brusche Dr #1, Learnework KS (913) 306 - 423 AFFILIATED OR CONNECTED ORGANIZATIONS Name	5		
Mailing Address (Street, City, State, Zip Code) 2909 Ralph Brusche Dr #1, Learner KKS (913) 306 - 423 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 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 of the connected or affiliated with an organization, identify the trade, profession or primary interest of the connected or affiliated with an organization of the connected or affiliated with a connected or affiliated with a co	5		
Mailing Address (Street, City, State, Zip Code) 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 connected or affiliated with an organization of the trade, profession, or primary interest of the connected or affiliated with an organization of the trade, profession, or primary interest of the connected or affiliated with an organization of the trade, profession or primary interest of the connected or affiliated with an organization of the trade, profession, or primary interest of the connected or affiliated with an organization of the trade, profession, or primary interest of the connected or affiliated with an organization of the trade, profession, or primary interest of the connected or affiliated with an organization of the trade, profession or primary interest of the connected or affiliated with an organization of the trade, profession or primary interest of the connected or affiliated with an organization of the connected or affiliate	5		

KANSAS GO	OVERNMENTAL ETHICS COM	MISSION
KANSAS GO	N COMMITTEE REGISTRATI	ION STATEMENT
COMMITTEE Full Name	FOR CALENDAR YEAR 2010	
COMMITTEE	(Please Type or Print)	
Full Name Freedom	PAC. Net	
Street 125 Rock	PAC. Net Creek Loop	
City Lawsing	State KS	Zip Code 66043
CHAIRPERSON & Mailing Address		
Full Name John Wes	Leu Bradford	
Street /25 Rock	Crock Loop	
City Lawsing	State	Zip Code 66043
TREASURER & Mailing Address		
Full Name Cori Coll		
Street 2909 Rales	' Bunche Dr #	# L
City	Bunche Dr #	Zip Code 46048
REGISTRATION FEE (Check One)		and the second s
	mmittee anticipates receiving contribu	utions of \$500 or less in this calendar
\$35 Fee Our political co \$2,501 in this c	mmittee anticipates receiving contribualendar year.	utions of more than \$500 but less than
\$240 Fee Out political co	mmittee anticipates receiving \$2,501	or more in this calendar year.
The appropriate fee must accompany y check payable to the Governmental Eth		istration Statement. Please make
	Janu B	and on Transport
en e	Signature of Chairp	Jerspir of Treasurer

. •