STATEMENT OF ORGANIZATION	LEND
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMI	ITEES
(See Reverse Side For Instructions)	N KODACH
This is a (check one) X Party Committee Political Action Committee	Sale with the contract of the state of the second state
This is an (check one) Initial Statement Amended Statement	
COMMITTEE (PLEASE TYPE OR PRINT)	
Name Fourth Congressional District Kansas Democratic Pa	ota
Mailing Address (Street, City, State, Zip Code)Business Telephone515Men/o11/061511/011011/0 <td>17</td>	17
CHAIRPERSON	
Name Kenneth Walsh (316) 85-230	7
Mailing Address (Street, City, State, Zip Code) Business Telephone Business Telephone	<u>, </u>
TREASURER	
Name Home Telephone	
Leroy Lehman (316) 838-8437	7
Mailing Address (Street, City, State, Zip Code) 515 Men/o Wichita KS 67204 ()	
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name David David	
Mailing Address (Street, City, State, Zip Code)	
P. D. Boy 1914 Topeka KS 66601	
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the	ne 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	t
or intentionally filing a false document is a class A misdemeanor."	
(Date) (Signature of Chairperson)	
Governmental Ethics Commission	Rev.2000

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