## 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) Initial Statement Amended Statement  COMMITTEE  (PLEASE TYPE OR PRINT)
(See Reverse Side For Instructions)
This is a (check one) Party Committee Political Action Committee
This is an (check one) Initial Statement Amended Statement
CONDITION OF THE PROPERTY OF T
Name African American CZOCUS
Mailing Address (Street, City, State, Zip Code)  4800 Richmondo Aul (913) 710-4589
CHAIRPERSON
Name James Connelly Home Telephone (913) 710-4559
Mailing Address (Street, City, State, Zip Code)  Business Telephone
TREASURER
Name Home Telephone Acting Beactrice Lee (2)913 281-45 28
Mailing Address (Street, City, State, Zip Code)  933 WALKER KC KS 6610 ( )
AFFILIATED OR CONNECTED ORGANIZATIONS
Name State Democrate Party
Mailing Address (Street, City, State, Zip Code)
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 relief 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."  (Signature of Chairperson)
overnmental Ethics Commission Rev 2000