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 a (check one) Party Committee Political Action Committee This is an (check one) Initial Statement Amended Statement Scale 2014
This is a (check one) Party Committee Political Action Committee This is an (check one) Initial Statement Amended Statement Secretary Political Action Committee This is an (check one) Initial Statement Amended Statement Secretary Political Action Committee This is an (check one) Party Committee Amended Statement Secretary Political Action Committee This is an (check one) Party Committee Political Action Committee This is an (check one) Party Committee Political Action Committee This is an (check one) Party Committee Political Action Committee This is an (check one) Party Committee Political Action Committee This is an (check one) Party Committee Political Action Committee This is an (check one) Party Committee Political Action Committee This is an (check one) Party Committee Political Action Committee This is an (check one) Party Political Action Committee This is an (check one) Pa
Wyandotte Dad Bepublican Council
Mailing Address (Street, City, State, Zip Code) P.O. Box 4305 KCK 66104 (913) 281-4802
CHAIRPERSON
Name Adolph Howard Home Telephone (913) 621-6434
Mailing Address (Street, City, State, Zip Code) Business Telephone 634 () artield KCK 66101 ()
TREASURER
Name Elton Htale Tr. Home Telephone (913) 781-4802
Mailing Address (Street, City, State, Zip Code) Business Telephone C. Box 4305 KCK 66104 (
AFFILIATED OR CONNECTED ORGANIZATIONS
Name Kansas Black Bepublican Council
Mailing Address (Street, City, State, Zip Code) P. O. Box 4585, Witchia, Ks. 62204-0585
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." (Signature of Chairperson)
Governmental Ethics Commission Rev.2000

JUL 3 1 2003 STATEMENT OF ORGANIZATION JUL 2 9 2003 Governmental Ethics Com-TTICAL ACTION COMMITTEES AND PARTY COMMITTEES (See Reverse Side For Instructions) Political Action Cor Party Committee . This is a (check one) Initial Statement Amended Statement This is an (check one) (PLEASE TYPE OR PRINT) COMMITTEE Name Mailing Address (Street, City, State, Zip Code)

Mailing Address (Street, City, State, Zip Code) CHAIRPERSON Name Home Telephone Mailing Address (Street, City, State, Zip Code)

B

CARFIELD LCK. 66101 (913) 621-6434 Business Telephone TREASURER Name Home Telephone ELTON HALE (913) 291-4802 Mailing Address (Street, City, State, Zip Code)
622 LAFA YETTE KCK 66164 Business Telephone AFFILIATED OR CONNECTED ORGANIZATIONS Name ANSAS BLACK REPUBLICAN COUNCIL

ailing Address (Street, City, State, Zip Code)

PO 171101 KANSAS CITY, KANSAS 66101 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 misdemeat (Signature of Chairperson) Governmental Ethics Commission

Rev.2000