

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

This is a (check one)	<input type="checkbox"/> Party Committee	<input checked="" type="checkbox"/> Political Action Committee
This is an (check one)	<input type="checkbox"/> Initial Statement	<input type="checkbox"/> Amended Statement

**RECEIVED**  
 DEC 13 2018  
 KRIS W. KOBACH  
 SECRETARY OF STATE

COMMITTEE (PLEASE TYPE OR PRINT)

Name	AFRICAN AMERICAN DEMOCRATIC CAUCUS OF KANSAS	
Mailing Address (Street, City, State, Zip Code)	PO BOX 2301, TOPEKA, KS 66601	
Business Telephone	( )	

CHAIRPERSON

Name	TERRY L. CROWDER	Home Telephone	( 785 ) 273 7541
Mailing Address (Street, City, State, Zip Code)	429 SE 43RD TERR, TOPEKA, KS 66609		
Business Telephone	( )		

TREASURER

Name	NEDRA L. LOCKE	Home Telephone	( 816 ) 520 3116
Mailing Address (Street, City, State, Zip Code)	622 N WILLIE ST, OLATHE, KS 66061		
Business Telephone	( )		

AFFILIATED OR CONNECTED ORGANIZATIONS

Name	KANSAS DEMOCRATIC PARTY		
Mailing Address (Street, City, State, Zip Code)	501 SE JEFFERSON ST, SUITE 30 TOPEKA, KS 66607		

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."

10-5-18  
(Date)

Terry L. Crowder  
(Signature of Chairperson)