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SECRETARION (See Reverse Side For Instructions)	MAR- 1.5 2010
FOR POLITICAL ACTION COMMITTEES AND PARTY CO	mmensoomreission MMITTEES
(See Reverse Side For Instructions)	<u>. </u>
This is a (check one) Party Committee Political Action Committee This is an (check one) Initial Statement Amended Statement	
COMMITTEE (PLEASE TYPE OR PRINT)	<u> 1 2</u>
Name SEDGWICK County Black Republican C	ouncil.
Mailing Address (Street, City, State, Zip Code) 67037 Business Telephon 400 Willow Creek Rd, Derby KS (316) 204-	
CHAIRPERSON	
Name JOSEPH Elmore (3/6) 789-	0930
Mailing Address (Street, City, State, Zip Code) 67037 Business Telephone 400 Willow Creck Rd., DeRby, KS (3/6) 204	
TREASURER	
Name Julius Williams (3/6) U85	-3243
Mailing Address (Street, City, State, Zip Code) 67207 Business Telephone 22/10 S. White. CAK Dr. Wi'Chithike (3/6) 655	°-0175
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name KANSAS BLACK Republican Council	
Mailing Address (Street, City, State, Zip Code) P.O. BOX 4585 WiChita KS 67204	
If not connected or affiliated with an organization, identify the trade, profession, or primary inten-	est of the contributors.
SIGNATURE: "I declare that this statement has been examined by me and to the best of my knowledge as belief is true, correct and complete. I understand that the intentional failure to file this doc or intentionally filing a false document is a class A misdemeanor."	
(Date) (Signature of Chairperson)	2

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Governmental Ethics Commission