STATEMENT OF ORGANIZATION RECEIVED

JAN 11	3 2007
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMIT	
JAN 1 9 (See Reverse Side For Instructions) TOPEKA KAN	ISAS 68612
This is a (check one) Party Committee Political Action Committee	
BON THORMS Think is an (check one) Initial Statement Amended Statement	
COMMITTEE (PLEASE TYPE OR PRINT)	
Name C	
Crawtord (o. Republicas tarty	
Mailing Address (Street, City, State, Zip Code) Business Telephone Business Telephone Business Telephone	
CHAIRPERSON	
Name Rob lessed Home Telephone (670)\$474375	
Mailing Address (Street, City, State, Zip Code) Business Telephone	
70-30×846 ArmA 1566712 (620)3478679	
TREASURER	
Name Home Telephone	
John Minor (620) 2328420	
Mailing Address (Street, City, State, Zip Code) 1513 Wood Gwe Teyr. 1155-ve Ks (670) 313552	
15/3 WOOD IGHT. 11/5/08/ PS (00) 15/5/5/2	
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name	
Mailing Address (Street, City, State, Zip Code)	
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the	ontributors.
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?	
1:11(//	
(Date) (Signature of Chairperson)	
Governmental Ethics Commission	Rev.2000