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STATEMENT OF (ORGANIZATION	
FOR POLITICAL ACTION COMMIT	TEES AND PARTY COMMITT	EES
(See Reverse Side) This is a (check one) Party Committee This is an (check one) Initial Stateme	ee Dolitical Action Committee	RECEIVE
COMMITTEE (PLEASE TYPE	E OR PRINT)	
Name Atchison County Re	ablican Central Commi	Hee
Mailing Address (Street, City, State, Zip Code) 701 Y" Street Hzhisov	Business Telephone $\mathcal{N} \mathcal{L} \mathcal{S} \qquad ()$	
CHAIRPERSON		
Name Derek Franklin	Home Telephone (913)367 - 1391	/
Mailing Address (Street, City, State, Zip Code) 701_"Y" Street ftch Sow (CS	Business Telephone 66002 (9/3) 367 - 7616	···· .:
TREASURER	Home Telephone	
Todd Candle	(913) 367-4200	2
Mailing Address (Street, City, State, Zip Code) 1711 Brookdeile Drive Att		00
AFFILIATED OR CONNECTED ORGANIZATIONS	660vz	
Name NOWE	• •	
Mailing Address (Street, City, State, Zip Code)		
If not connected or affiliated with an organization, identify th	e trade profession or primary interest of the c	ontributors
SIGNATURE: "I declare that this statement has been examined by me a belief is true, correct and complete. I understand that the or intentionally filing a false document is a class A misde 1(-22-(0))	e intentional failure to file this document	
$\frac{1/-22-10}{(Date)}$ (Sig	mature of Chairperson)	
Governmental Ethics Commission		Rev.2000

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