STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

43.01

(See Reverse Side For Instructions)						
	This is a (check one)	Party Committee	Political	Action Committee		
	This is an (check one)	Initial Statement	Amend	ed Statement		
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COMMITTEE (PLEASE TYPE OR PRINT)						
Name Wabaur	isee Cong	la Domocra	de Ce	ntral C	inmittee	
Mailing Addre	ss (Street, City, State,	La Domacra Zip Code) Plara M. 66	Bu 401 (7	siness Telephone {S) 449-2	-5/9	
CHAIRPERSO						
			Hom (フ	Home Telephone (フよS) 449-2519		
Mailing Addre	ss (Street, City, State, Kc Shore D	Zip Code) Mma_ Kr. 6				
TREASURER						
Name / Name	lopher Br	eeden	Hon (78	ne Telephone S) 449	2735	
Mailing Addre	ss (Street, City, State,	Zip Code) K-4, Eskridge	Bu: . , /CS (siness Telephone)		
	OR CONNECTED O	6	423			
Name Lan	sas Dem	o cratic Pa.	Lei			
Mailing Addres	ss (Street City State	Zip Code) 1 o Della K.	0	01		
If not connected of	or affiliated with an org	anization, identify the tra	de, profession	, or primary interes	t of the contributors.	
belief is true, co	orrect and complete. 1	n examined by me and to understand that the intention of it is a class A misdemen	entional failu	,		
<u>5-23-</u> (Date)	14_	(Signatu	fe of Chairpe	- Sence erson)	<u> </u>	
Governmental E	thics Commission				Rev.2000	

FILED STATEMENT OF ORGANIZATION FEB 0 1 2006 FOR POEFFICAL ACTION COMMITTEES AND PARTY COMMITTEES (See Reverse Side For Instructions) JAN 3 0 2006 This is a (check one) Party Committee Political Action Committee This is an (check one) Initial Statement Amended Statement S WEST STHISTREET PEKA, KANEAS COU COMMITTEE (PLEASE TYPE OR PRINT) Name Mailing Address (Street, City, State, Zip Code) Business Telephone **CHAIRPERSON** Name Home Telephone lex Janulis (785)456-7867Business Telephone Mailing Address (Street, City, State, Zip Code) Tabor Valley Rd Manhatlan (785) 341 TREASURER Name Home Telephone (785)449-2580 Business Telephone Mailing Address (Street, City, State, Zip Code) Eskridge, KS 66423 (785)449-2823 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 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