	STATEMENT OF C	DRGANIZATION	FILED
FOR POLITICA	L ACTION COMMIT	TEES AND PARTY	COMANING & EES
	(See Reverse Side 1	For Instructions)	KRIS W. KOBACH SECRETARY OF STAT
This is a (c This is an (c	check one) Party Committee	e Political Action Comm	And and a state of the state of
COMMITTEE	(PLEASE TYPE	OR PRINT)	
Name Allen Co. Reput	licky Poulm)	Committee	>
			5-6913
CHAIRPERSON			
Name Jim Talki	initor	Home Telephon (<i>ゆトロ</i>) 3/	e 5-2597
Mailing Address (Street, 0	City State Zin Code)	Buciness Teler	
TREASURER	dXt(q2 in		<u> </u>
Nome	RAWford	Home Telephon (620) 3(e 65-6513
Mailing Address (Street, $($	City, State, Zip Code)	Business Telep	phone
,	, .		
AFFILIATED OR CONN Name	ECTED ORGANIZATIONS		· · · · · · · · · · · · · · · · · · ·
Mailing Address (Street, 0	City State Zin Code)	- <u> </u>	
If not connected or affiliated	with an organization, identify th	e trade, profession, or primary	interest of the contribut
SIGNATURE: "I declare that this stateme	ent has been examined by me a	nd to the best of my knowled	lge and
belief is true, correct and c	complete. I understand that the se document is a class A misde	intentional failure to file thi	-
	se document is a class A misot $\Delta \mu$	and I dillet	
<u> </u>	(\$ig	nature of Chairperson)	
		<i>II</i> • •	

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