STATEMENT OF ORGANIZATION

RECENTED SEP 29 2020

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

			DEGRE	AHY OF STATE
í		(See Reverse Side For	r Instructions)	
	This is a (check one)	X Party Committee	Political Action Committee	
	This is an (check one)	X Initial Statement	Amended Statement	
COMMITTEE	,			
Name				
		LICAN CENTRAL COM		
Mailing Address (Street, City, State, Zip Code)			Business Telephone	
CHAIRPERSO	ON			
Name MARY	JO HUSEMAN		Home Telephone (785) 531-0152	
	ess (Street, City, State, AVENUE F, ELLSWOR		Business Telephone ()	
TREASURER				
Name SUE AR	ENSMAN		Home Telephone (785) 531-1515	
	ess (Street, City, State, VENUE G, ELLSWORT		Business Telephone	
AFFILIATED	OR CONNECTED O	RGANIZATIONS		
Name				
Mailing Addre	ess (Street, City, State,	Zip Code)		
If not connected	or affiliated with an org	ranization identify the t	rade, profession, or primary interest	of the contributors.
Thot connected	or estimated with mi of	manantivity desiring die	man proteotion, or printing interest	
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."				
or intentionally	tiling a false docume	nt is a class A misden	neanor."	
9/15/2020		Mary	» Huseman	and the second s
(Date)		(Signle	ature of Chairperson)	*
Governmental I	Ethics Commission	J		Rev.2000