## STATEMENT OF ORGANIZATION

## FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

SEP 1 4 2022 (See Reverse Side For Instructions) Commission Party Committee This is a (check one) Political Action Committee This is an (check one) Initial Statement Amended Statement **COMMITTEE** (PLEASE TYPE OR PRINT) Name Mailing Address (Street, City State, Zip Code)

A310 W 649 St Concording VS 66901 Business Telephone (789 )61A-4041 CHAIRPERSON Home Telephone Name (785)614-4041 Mailing Address (Street, City, State, Zip Code) Business Telephone 436 W 6th St Cencerdia Ves 66901 **TREASURER** Home Telephone Name (785)243-4901 ulan Miller Mailing Address (Street, City, State, Zip Code)
525 Peck Ave Business Telephone AFFILIATED OR CONNECTED ORGANIZATIONS Name Democratu Partu Mailing Address (Street, City, State, Zip Code) 501 SE Jefferson St#30, Topekay & 66607 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.

Chairperson)