STATEMENT OF ORGANIZATION

RECEIVE

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES.

		(Sec Reverse Side For	Instructions)	NO STATEMENT
	This is a (check one)	Party Committee	Political Action Committee	9TH STREET NSAS 66612
	This is an (check one)	Initial Statement	✓ Amended Statement	
00100				
COMMITTEE	:	(PLEASE TYPE O	R PRINT)	
Name Steph	en J. Smith et al., A	ttomeys at Law		
Mailing Address (Street, City, State, Zip Code) 511 Neosho Burlington, KS 66839			Business Telephone (620) 364-8825	
CHAIRPERSO	ON	*		
Name Stephen J. Smith			Home Telephone (620) 364-2576	
Mailing Address (Street, City, State, Zip Code) same			Business Telephone () same	
TREASURER	a.			
Name Steph	en J. Smith		Home Telephone () same	*
Mailing Addressame	ess (Street, City, State,	Zip Code)	Business Telephone () same	
AFFILIATED	OR CONNECTED O	RGANIZATIONS		
Name			/	
Mailing Addre	ess (Street, City, State,	Zip Code)		
If not connected attorneys	or affiliated with an org	anization, identify the tr	ade, profession, or primary interest of the	e contributors.
SIGNATURE:			and he had of an long of decay	
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(Date)		(Signat	ure of Chairperson)	
Governmental E	thics Commission		\vee	Rev.2000