

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

This is a (check one)

☐

Party Committee

☒

Political Action Committee

This is an (check one)

☐

Initial Statement

☒

Amended Statement

COMMITTEE

(PLEASE TYPE OR PRINT)

Name

Kansas Democratic Hispanic Caucus

Mailing Address (Street, City, State, Zip Code)

704 Missouri St Lawrence KS 66044

Business Telephone

(785) 841-9742

CHAIRPERSON

Name

Guadalupe Ramirez

Home Telephone

( )

Mailing Address (Street, City, State, Zip Code)

704 Missouri St Lawrence KS 66044

Business Telephone

(785) 841-9742

TREASURER

Name

Sanae

Home Telephone

( )

Mailing Address (Street, City, State, Zip Code)

Business Telephone

( )

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."

6-30-08

(Date)

Guadalupe Ramirez

(Signature of Chairperson)