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STATEMENT OF ORGANIZATION

JUL 0 1 2009

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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 Op Co
D WILD ONES
Mailing Address (Street, City, State, Zip Code) Business Telephone Business Telephone Business Telephone
CHAIRPERSON
Name of Home Telephone (620) 479-2176
Mailing Address (Street, City, State, Zip Code) 4330 NW NW 17 Scammen Rs 66773 () Business Telephone
TREASURER
Name Gene Darman Home Telephone (Lgo) 231-4112
Mailing Address (Street, City, State, Zip Code) Business Telephone 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
Democratic Party (A Support across)
- Control of the Cont
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."
1 2 × 10044
(Date) (Signature of Chairperson)
Governmental Ethics Commission Rev.2000