nmission

| STATEMENT OF ORGANIZATION | | | | |
|---|---------------------------|-------------------|--------------------------------------|--|
| FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES RECEIVED | | | | |
| (See Reverse Side For Instructions) | | | | |
| | This is a (check one) | Party Committee | Political Action Committee | MAN DE VIII |
| ·: | This is an (check one) | Initial Statement | Amended Statement ≪⊕ ☆ | MAY 0.5 ZUIU Westetropram Lindes Co |
| COMMITTEE | · | (PLEASE TYPE O | | |
| Name KANSAS INDEPENDENCE CAUCUS (KS ICAUCUS) | | | | |
| Mailing Address (Street, City, State, Zip Code) Business Telephone 414 Rucker St. MULVANE KS 67/10(316)619-8270 | | | | |
| CHAIRPERSO |)N | | | |
| Name LAR | RY HALLORA | لبر | Home Telephone (2/6) 6/9 - 82 | 70 |
| Mailing Address | ss (Street, City, State | | Business Telephone | |
| TREASURER | | · | | |
| Name LAR | er HALLORA | J | Home Telephone (316) 619 - Fa | 370 |
| Mailing Address | ss (Street, City, State | | Business Telephone 110 (3/4) 6/9-8 | 170 |
| • | OR CONNECTED C | • | | |
| Name , | | | / | - |
| | PENDENCE O | | (ICAUCUS) | The Crement |
| | ss (Street, City, State | | NON FRONT F 72 | 57527-0140 |
| If not connected of | or affiliated with an org | ELECTED OFFICE ? | ade, profession, or primary 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." | | | | |

(Date)

(Signature of Chairperson)

Governmental Ethics Commission

Rev.2000