RECEIVED				4 •	()
AUG 06 2012	STATEMENT	OF ORGA	NIZATION	atthi	m
S Governmental Ethics Commis	ACTION COM	IMITTEES	AND PARTY	COMMIT	rees
	(See Revers	e Side For Instr	uctions)	/	
This is a (	check one) Party C	Committee	Political Action Con	nmittee	
This is an (	(check one) Initial	Statement	Amended Statemen		
COMMITTEE	(PLEASE	E TYPE OR PRI	NT)		
Name CITIZENS	FOR STEVE A	BRAMS			
Mailing Address (Street,	City, State, Zip Code) (         ARKCIT	Y 62005	Business Tel	ephone	
CHAIRPERSON					
Name SCOTT MA	RGOLIUS		Home Telepho んろしょうみ		
Mailing Address (Street, P.O. Box	City, State, Zip Code)	TY 6700	Business Tele	ephone	
TREASURER					
Name DIANA KE	HEY		Home Telepho	one	
Mailing Address (Street, 6 400 S.	City, State, Zip Code) SUMMT ARKU	ITY 6700E	Business Tele 5 (620)44	ephone f2-2460	
AFFILIATED OR CONN	JECTED ORGANIZAT	IONS			
Name				<del> </del>	
Mailing Address (Street,	City, State, Zip Code)	·			
If not connected or affiliated SIMPLY ORDIN TOR DE-EUEC	VARY CITIZENS				
SIGNATURE: "I declare that this statemed belief is true, correct and correct and correct intentionally filing a fall the statement of the stat	complete. I understand t	that the intention A misdemeanor.	nal failure to file the	_	
Governmental Ethics Com	mission	(Signature of	Chairpedson)		Rev.2000