

STATEMENT OF ORGANIZATION

AUG 22 2012

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

This is a (check one)	<input type="checkbox"/> Party Committee	<input checked="" type="checkbox"/> Political Action Committee
This is an (check one)	<input type="checkbox"/> Initial Statement	<input type="checkbox"/> Amended Statement

COMMITTEE

(PLEASE TYPE OR PRINT)

Name Saltgrass Action Alliance

Mailing Address (Street, City, State, Zip Code)
P.O. Box 445, Tonganoxie, KS 66086

Business Telephone
(785) 766-1739

CHAIRPERSON

Name Greg Ward

Home Telephone
(785) 766-1739

Mailing Address (Street, City, State, Zip Code)
P.O. Box 445, Tonganoxie, KS 66086

Business Telephone
(785) 766-1739

TREASURER

Name Greg Ward

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(785) 766-1739

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P.O. Box 445, Tonganoxie, KS 66086

Business Telephone
(785) 766-1739

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.
electing conservative candidates and advancing conservative issues and legislation

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."

8/22/12
(Date)

(Signature of Chairperson)