## STATEMENT OF ORGANIZATION

FOR POLITICAL ACT	TION COMMITTE	EES AND PARTY COMMIT	TEES
RECEIVED	(See Reverse Side For	: Instructions)	
FEB 27 27 This is a (check one) This is an (check one)	Party Committee Initial Statement	Political Action Committee  Amended Statement	
S Governmental Et <del>nies Commission</del>			
COMMITTEE	(PLEASE TYPE O	R PRINT)	
Name Committee for Economic	c Development	<u> </u>	
Mailing Address (Street, City, Stat 1500 E. Wyatt Earp Blvd., Do		Business Telephone (620 ) 227-7171	
CHAIRPERSON		•	
Name Tom Taylor		Home Telephone ( 620 ) 225-0695	
Mailing Address (Street, City, Star 1500 E. Wyatt Earp Blvd., Do	te, Zip Code) dge City, KS 67801	Business Telephone (620) 227-7171	
TREASURER	·		
Name Tom Taylor		Home Telephone (620) 225-0695	
Mailing Address (Street, City, Star 1500 E. Wyatt Earp Blvd., Do	te, Zip Code) odge City, KS 67801	Business Telephone ( 620 ) 227-7171	
AFFILIATED OR CONNECTED	ORGANIZATIONS		
Name	•	•	
Mailing Address (Street, City, Star	te, Zip Code)		
If not connected or affiliated with an o		ade, profession, or primary interest of the dge City.	contributors.
SIGNATURE: "I declare that this statement has be belief is true, correct and complete or intentionally filing a false document.	. I understand that the in	tentional failure to file this document	
02/27/2015 (Date)	(Siona	ture of Chairperson)	
Governmental Ethics Commission	. (~15114		Rev.2000

## STATEMENT OF ORGANIZATION

RECEIVED

## FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side	For Instructions Governmental Luice Commission
This is a (check one) Party Committee	
This is an (check one) Initial Stateme	ent Amended Statement
COMMITTEE (PLEASE TYP)	E OR PRINT)
Name Commottee for Economi	ic Development
Mailing Address (Street, City, State, Zip Code)	Business Telephone
0 of ge City Ks 67801  CHAIRPERSON	
Name Jom Janler	Home Telephone ( bav ) aas-v bas
Mailing Address (Street, City, State, Zip Code) Same as above	Business Telephone ( 620 ) 227-7171
TREASURER	
Name Peter Wei)	Home Telephone ( V QV ) 227-3373
Mailing Address (Street, City, State, Zip Code)	Business Telephone ( しょひ ) る2フーフリフリ
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name	·
Mailing Address (Street, City, State, Zip Code)	
If not connected or affiliated with an organization, identify the Concerned with an organization with a concerned with a con	ne trade, profession, or primary interest of the contributors.
SIGNATURE: "I declare that this statement has been examined by me a belief is true, correct and complete. I understand that the or intentionally filing a false document is a class A misd	e intentional failure to file this document lemeanor."
$\frac{12/22/08}{\text{(Date)}}$ (Sig	gnature of Chairperson)
Governmental Ethics Commission	Rev.2000