

STATEMENT OF ORGANIZATION

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 checked="" type="checkbox"/> Amended Statement

RECEIVED
JUL 11 2014

COMMITTEE (PLEASE TYPE OR PRINT)

KS Governmental Ethics Commission

Name D Wild Ones

Mailing Address (Street, City, State, Zip Code) PO Box 1471 Pittsburg, KS 66762 Business Telephone ()

CHAIRPERSON

Name Steven L. Langerot Home Telephone (620) 479-2176

Mailing Address (Street, City, State, Zip Code) PO Box 1471 Pittsburg, KS 66762 Business Telephone ()

TREASURER

Name Cheyl Mayo Home Telephone (620) 875-9037

Mailing Address (Street, City, State, Zip Code) PO Box 1471 Pittsburg, KS 66762 Business Telephone ()

AFFILIATED OR CONNECTED ORGANIZATIONS

Name DEMOCRATIC PARTY

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.

POLITICAL

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."

7-11-14
(Date)

Steve L Langerot
(Signature of Chairperson)

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JUL 01 2009

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COMMITTEE (PLEASE TYPE OR PRINT)

Name	D WILD ONES	
Mailing Address (Street, City, State, Zip Code)	PO BOX 1471 Pittsburg Ks 66762	
Business Telephone	()	

CHAIRPERSON

Name	Steven L. Langerot	Home Telephone	(620) 479-2176
Mailing Address (Street, City, State, Zip Code)	4330 NW Hwy 9 Scamman Ks 66773		
Business Telephone	()		

TREASURER

Name	Gene Barman	Home Telephone	(620) 231-6112
Mailing Address (Street, City, State, Zip Code)	PO BOX 1471 Pittsburg Ks 66762		
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 group)

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."

6/30/2009 (Date)

Steven L Langerot (Signature of Chairperson)