STATEMENT OF ORGANIZATION	
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMI	ITEES
(See Reverse Side For Instructions)	
This is a (check one)Party CommitteePolitical Action CommitteeThis is an (check one)Initial StatementAmended Statement	RECEIVED
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COMMITTEE (PLEASE TYPE OR PRINT) Ks Government	mental Ethics Commis
Name D Wild Ones	continis,
Mailing Address (Street, City, State, Zip Code) PO Box 1471 P: TSbueg, KS 66762 (December 2014)	
CHAIRPERSON	
Name Steven L. Langerot Home Telephone (620) 479-217	6
Mailing Address (Street, City, State, Zip Code) POBOX 1471 P. TSWG, K5 66762 (
TREASURER	
Name (hery) MAYO (620) 875-90=	37
Mailing Address (Street City, State, Zip Code) Business Telephone 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 0 1 1 1 1 1 1 1 1 1 1	ie contributors.
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." $\frac{2-1/-1/2}{(Date)}$	
Governmental Ethics Commission	Rev.2000

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CHAIRPERSC	ON	0	· · · ·	
Named teve	en L. Lar	igerot	Home Telephone (620)479 -	2176
Mailing Addre 4330 N	ss (Street, City, State	, Zip Code) Scanmen Ks Lel	Business Telepho	ne
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