STATEMENT OF ORGANIZATION

STATEMENT OF ORGANIZATION REC.
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES (See Reverse Side For Instructions) This is a (check one) Party Committee Political Action Committee This is an (check one) Initial Statement Amended Statement
(See Reverse Side For Instructions)
This is a (check one) Party Committee Political Action Committee
This is an (check one) Initial Statement Amended Statement
COMMITTEE (PLEASE TYPE OR PRINT)
Nome
DENEA PAC
Mailing Address (Street, City, State, Zip Code) Business Telephone ZOOO CHAVE Dodge City KS (1786) (620) 430-0242
O () CHAIRPERSON
Name Home Telephone (620) 430-0242
Mailing Address Street, City, State, Zip Code) (1780) Business Telephone 308 University Dr. Duce (14, LS (620) 471-2100
δ J
TREASURER Nome \ O O \ A \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name Jeff Adams Home Telephone
Mailing Address (Street, City, State, Zip Code) Business Telephone (1900 Linn St. Dodge City, KS (0780) (1020) 227-1602
AFFILIATED OR CONNECTED ORGANIZATIONS
Name Dodge City National Education Association
Mailing Address (Street, City, State, Zip Code) 2000 61- Ave Dodge City KS 67801
\mathcal{I}
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the 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 hisdemeanor."
(Date) (Signature of Chairperson)

Governmental Ethics Commission

Rev.2000