STATEMENT OF ORGANIZATION FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEE (See Reverse Side For Instructions) Party Committee Political Action Committee This is a (check one) Amended Statement Initial Statement This is an (check one) COMMITTEE (PLEASE TYPE OR PRINT) Mailing Address (Street, City, State, Zip Code) August KS (4086 913) 416-8470 CHAIRPERSON Home Telephone (913)4/6-8470 TREASURER Home Telephone (913) 775-3238 Name 22833 George Rd 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. 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,"

(Date)

Governmental Ethics Commission

(Signature of Chairperson)

Rev.2000

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STATEMENT OF ORGANIZATION

SECRETARY OF STATE FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES	2
TORTOLITICAL ACTION COMMITTEES AND TAKET 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 ?	
COMMITTEE (PLEASE TYPE OR PRINT)	
Name LEAVEN WORTH COUNTY ELEPHANT CLUB	
Mailing Address (Street, City, State, Zip Code) 500 E. 13th Terr. Tonganoxie KS 66086 913) 416-8470	
CHAIRPERSON	
Name Home Telephone Sherry Agee ()	
Mailing Address (Street, City, State, Zip Code) Business Telephone 500 E. 13+4 Terr. Jonganoxie KS 66086 (913) 416-8470	
SOU C. 13. 1011. JOHNANE KS COURT (12) 116-6770	
TREASURER	
Name Shari D. Standifierd (913) 232-3/65	
Mailing Address (Street, City, State, Zip Code) 3720 N. 154th Street Business Telephone ()	
(العن ع ع) AFFILIATED OR CONNECTED ORGANIZATIONS	
Name VA	
Mailing Address (Street, City, State, Zip Code)	
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contrib	outors.
SIGNATURE:	
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