STATEMENT OF ORGANIZATION RECEIVED

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES KS Governmental Entire Commission (See Reverse Side For Instructions) Party Committee Political Action Committee This is a (check one) Amended Statement This is an (check one) Initial Statement **COMMITTEE** (PLEASE TYPE OR PRINT) Name 785) 626 **CHAIRPERSON** Name Home Telephone Mailing Address (Street, City, State, Zip Code) Business Telephone TREASURER Name / Home Telephone OGER <u>SNODGRASS</u> (785)626-9660 Mailing Address (Street, City, State, Zip Code) Business Telephone BOX 13A Atwood K5 67730 (785) 626-3302 AFFILIATED OR CONNECTED ORGANIZATIONS Name REPUBLICAN 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." Signature of Chairperson) Governmental Ethics Commission Rev.2000