STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)	RECEIVED
This is a (check one) Party Committee Political Action Committee	JAN 222019
This is an (check one) Initial Statement Amended Statement	i samis
NIS 14 TOPM	IIIIQI C.
COMMITTEE (PLEASE TYPE OR PRINT)	
Name Barton County Sufahlicai Cualiel	Committee
Mailing Address (Street, City, State, Zip Code) Susiness Telephone Business Telephone (10) 242	-823/
CHAIRPERSON 67 (30)	
Name Sichoid L. Virdamon Home Telephone	
Mailing Address (Street, City, State, Zip Code) Business Telephone 13 0 1 1/10 Great Aund KS. (620) 792	-825/
TREASURER	
Name Home Telephone	
Mailing Address (Street, City, State, Zip Code) 1400 Poly Great Street Business Telephone (620) > 92	-53>8
イングラム AFFILIATED OR CONNECTED ORGANIZATIONS	
Name Kansus Kasaklicuin Stoda Comm.	Hure
Mailing Address (Street, City, State, Zip Code) 7.0. Rox 4/157 2605 SW 21-51. Tukufa	TS.
If not connected or affiliated with an organization, identify the trade, profession, or primary interes	t 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 docu or intentionally filing a false document is a class, A misdemeanor."	ment
or michaelyman g a raise document is a classific misurated fit.	_
(Date) (Signature of Chairperson)	
Governmental Ethics Commission	Rev 2000