STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)				FILED
	This is a (check one)	Party Committee	Political Action Committee	JAN 1 0 2019
	This is an (check one)	Initial Statement	Amended Statement	KRIS W. KOBACH
				SECRETARY OF STATE
COMMITTEE (PLEASE TYPE OR PRINT)				
Name				
Mailing Address (Street, City, State, Zip Code) Business Telephone				
31947 NE wabaunsee Rd Creeley, Ks ()				
εεουα δ				
CHAIRPERSON				
Name Dennis	Richards		Home Telephone (785) S67-2	2399
	ess (Street, City, State	, Zip Code)	Business Telephon	
31942 NE Wabaunsee Rd Greeley, Ks ()				
TREASURER				
Name -		<u> </u>	Home Telephone	
Leslea	Kockers			-0455
Mailing Address (Street, City, State, Zip Code) Business Telephone				
22979 NW 1750 Rd (rarnett KS 66032()				
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.				
We have no contributors or fundrousing				
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."				
1-4-19 Survis Luchards				
(Date)		(Signati	are of Chairperson)	