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## STATEMENT OF ORGANIZATION OVERNmental Ethics Commission

EOR PO	N ITICAL ACTI	ION COMMITTEE	S AND PARTY COM	MITTEES
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	
COMMITTEE (PLEASE TYPE OR PRINT)				
Name MOR	TON COUNT	y LEPUBLICA	V COMP. TEE	
Mailing Address (Street, City, State, Zip Code)			Business Telephone	
PO BOX 234 ELKHART KS 67950			(620-) 309-11	48
CHAIRPERSO	)N			
Name			Home Telephone	
CLIFF	BIACKMORE	<b>2</b>	(620) 697-4	715
Mailing Addre	ss (Street, City, State,	Zip Code)	Business Telephone	
Box 23	4 ELKHART	KS 67950	(620 ) 697-47	116
TREASURER				
Name			Home Telephone	
Me	lisa Lewis		(620) 697 á	<u> </u>
	ss (Street, City, State, 412 ElKhart,		Business Telephone	75/03
AFFILIATED OR CONNECTED ORGANIZATIONS				
Name				
Mailing Addres	ss (Street, City, State,	Zip Code)		
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.				
belief is true, co or intentionally	rrect and complete. I	<u> </u>	the best of my knowledge and trional failure to file this docur	
6/11/14				
(Date) (Signature of Chairperson)				

Governmental Ethics Commission

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