STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side I	For Instructions)
This is a (check one) Party Committe	e Political Action Committee
This is an (check one) Initial Statemen	
COMMITTEE (PLEASE TYPE	
Name Democratic Legislative Victory Fund - 1st Di	strict KS Governmental Strice Commission
Mailing Address (Street, City, State, Zip Code) PO Box 1914 Topeka, KS 66601	Business Telephone (785) 234 0425
CHAIRPERSON	
Name Vicki Hiatt	Home Telephone (913) 422 1952
Mailing Address (Street, City, State, Zip Code) 21522 W 72nd St Shawnee, KS 66218	Business Telephone ()
TREASURER	
Name Yolanda Taylor	Home Telephone (785) 608 3291
Mailing Address (Street, City, State, Zip Code) 2021 SW Atwood Ave Topeka, KS 66604	Business Telephone
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name	
Mailing Address (Street, City, State, Zip Code)	
If not connected or affiliated with an organization, identify the	e trade, profession, or primary interest of the contributors
SIGNATURE:	
"I declare that this statement has been examined by me an	5. 5.
belief is true, correct and complete. I understand that the	
or intentionally filing a false document is a class A misde 3/31/2021	DecuSigned by: 4CD2CD9867746A
(Date) (Sign	nature of Chairperson)
Governmental Ethics Commission	Rev 2000

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)					
This is a		rty Committee	Political Action Committee	,	
This is an	(check one) In	itial Statement	Amended Statement		
COMMITTEE (PLEASE TYPE OR PRINT)					
Name Democratic Legislative Victory Fund - 1st District					
Mailing Address (Street PO Box 1914 Topek		e)	Business Telephor (785) 234-04		
CHAIRPERSON		<u> </u>			
Name Vicki Hiatt			Home Telephone (913) 422-19	52	
Mailing Address (Street 21522 W 72nd St, St			Business Telephor	ne	
TREASURER					
Name Gina Long			Home Telephone (785) 259-9	003	
Mailing Address (Street 1302 N Walnut, Hut	City, State, Zip Code chinson, KS, 67501	e)	Business Telephor	ne	
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." [Signature of Chairperson]					
Governmental Ethics Cor	nmission		RECEIVE	Rev.2000	