STATEMENT OF FORMATION

Organization W.S. 22-25-101(c)

1. Who must submit this form?

Any organization that receives contributions or expends funds in excess of one thousand dollars (\$1,000.00) for the purpose of causing independent expenditures or electioneering communications to be made in support or opposition to any county or municipal candidate, or for the adoption or defeat of any county or municipal ballot proposition.

2. Organization Information for Bette	-122/20
Organization Name: Shiridan County Leadl	Date Organization Formed:
Mailing Address: 579 Creek Drive	Phone Number: 301-763-6554
Sweridan WY 82801	Website: \(\square\)
(City, State, Zip)	
	Email: +jweitzel@yahoo.co
Chairman/Designee: Terry Weitzel To	reasurer (if applicable):
Chairman/Designee Address:T	reasurer Address:
579 Creek Driver sucriday WY 838	Street Address)
(Street Address) (City, State, Zip)	(City, State, Zip)
3. Purpose of formation. (Please select one option Committee formed: For the Purpose of Independent Expenditures and Support/Oppose Specific Ballot Issues or an Initial	I/or Electioneering Communications
4. Signature Required. 1 certify that I have examined this statement and,	to the best of my knowledge and belief, it is
true, correct, and complete.	7/29/24
Signature of Chairman Designee or Treasurer	Date
5. Filing Office.	
File: Office of your local County Clerk.	

Please visit https://sos.wyo.gov/Elections/Docs/WYCountyClerks.pdf for office information.

FILED Sheridan County Elections

JUL 2 9 2024

EDA SCHUNK THOMESON, CLERK

Revised 7/2022