

FILED

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FOR PUBLICATION
RON THOMPSON
SECRETARY OF STATE

STATEMENT OF ORGANIZATION

POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

This is a (check one)	<input type="checkbox"/> Party Committee	<input type="checkbox"/> Political Action Committee
This is an (check one)	<input type="checkbox"/> Initial Statement	<input checked="" type="checkbox"/> Amended Statement

COMMITTEE (PLEASE TYPE OR PRINT)

Name <i>Decatur County Democratic Party</i>	
Mailing Address (Street, City, State, Zip Code) <i>310 E Maple St Oberlin Ks 67749</i>	Business Telephone ()

CHAIRPERSON

Name <i>Brian M. Keahen</i>	Home Telephone <i>(785) 475-8993</i>
Mailing Address (Street, City, State, Zip Code) <i>310 E Maple St Oberlin Ks 67749</i>	Business Telephone <i>(785) 475-8993</i>

TREASURER

Name <i>Terry L. Keahen</i>	Home Telephone <i>(785) 475-8993</i>
Mailing Address (Street, City, State, Zip Code) <i>310 E Maple St Oberlin Ks 67749</i>	Business Telephone <i>(785) 475-8993</i>

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."

7/18/06
(Date)

Brian M. Keahen
(Signature of Chairperson)