NOV 282	STATEMENT OF ORGANIZATION RECEIVE STATE NOT 2 0 2006 DLITICAL 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
COMMITTE	(PLEASE TYPE OR PRINT)
Name	coln County Democrat Comm.
Mailing Addre	ess (Street, City, State, Zip Code) 1. 3rd 5t. Lincoln, Ks 67455 ()
CHAIRPERS	NC
NamePh	Ili's R. Winckler (985) 658-2258
Mailing Addre	N 70+h Rd, Sylvan Grove Ks67481)
TREASURER	
Name, Kath	$\vee Moss$ Home Telephone (785) 524-4155
Mailing Addre	ess (Street, City, State, Zip Code) Business Telephone Brok St Lincoln Ks. 67455-1724 ()
AFFILIATED	OR CONNECTED ORGANIZATIONS
Name	
Mailing Addre	ess (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, c	this statement has been examined by me and to the best of my knowledge and orrect and complete. I understand that the intentional failure to file this document filing a false document is a class A misdemeanor."

Governmental Ethics Commission

Rev.2000