STATEMENT OF ORGANIZATION	
FOR POLITICAL COMMITTEES AND PARTY C	OMMITTEES
(See Reverse Side For Instructions)	FON TE COMMUNICE
This is a (Check one) Party Committee	Political Committee
This is an (Check one) Initial Statement	Amended Statement
COMMITTEE (Please Type or Print)	
Name Osage County Democratic Centro/ Co	mmitte
Mailing Address (Street, City, State, Zip Code) Cald Washington Lyndon Kons 66451	Rucineca Talenhone
CHAIRPERSON	· ·
Name Dennis P. Hitt	Home Telephone ()785-828-4692
Mailing Address (Street, City, State, Zip Code) 620 Washington ST, Lyndon, KS 66451	Business Telephone ( )785-267-8476
TREASURER	
Name CARROL NILES HENDERSON	Home Telephone (785) - 828- 4697
Mailing Address (Street, City, State, Zip Code) 25960 S. LEWELLING RD, LYNDON, KS 6645.	
AFFILIATED OR CONNECTED ORGANIZATIONS	•
Name Konsus Democratic Parts	
Name Kansas Democratic Party Mailing Address (Street, City, State, Zip Code) HOBOX 1914 Topeka K5 66601-1914	
f not connected or affiliated with an organization, identify the trade, professio contributors.	n, or primary interest of the
	w knowledge and helief is true
SIGNATURE: "I declare that this statement has been examined by me and to the best of m correct and complete. I understand that the intentional failure to file this door	
"I declare that this statement has been examined by me and to the best of m correct and complete. I understand that the intentional failure to file this doc	ument or intentionally filing a

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