AFFIDAVIT OF EXEMPTION FROM FILING RECEIPTS AND EXPENDITURES REPORTS BY A PARTY COMMITTEE OR POLITICAL ACTION COMMITTEE CEIVED

IF YOUR COMMITTEE RECEIVED OR EXPENDED OR CONTRACTED TO EXPEND \$500 OR MORE AND CAPEAGEAR YEAR 2021 OR IF YOUR COMMITTEE RECEIVED A CONTRIBUTION IN EXCESS OF \$50 FROM ANY ONE SCHWAB CONTRIBUTOR, THIS FORM MAY NOT BE USED. SECRETARY OF STATE

Instructions: This form may be used by the treasurer of any party committee or political action committee which qualifies for the exemption.

THIS AFFIDAVIT MUST BE FILED WITH THE SECRETARY OF STATE (120 SW 10th, 1th Floor Memorial Hall, TOPEKA, KANSAS

still must be filed and the treasurer must maintain the required records. (K.S.A. 25-4145)
PLEASE PRINT OR TYPE
A. Name of Committee Comanche Co. Dem CC
Address P.O. Box 1637 City Coldwater Zip Code 47029
Telephone $\frac{620-582-2315}{}$
B. Name of Treasurer James H. (Skip) Herd
Address P.O. Box 637 City Coldwater Zip Code 47029
Cell Home Telephone 1230 - 635 - 5162 Business Telephone 420 - 582 - 2315
C. Affidavit:
County of /omanche)
I, JAMES H. HERD , treasurer of the COMANCHE COUNTY
do swear (or affirm) that:
(Name of Party or Political Action Committee)
1. The information in Items A and B above is true and correct;
 The information in Items A and B above is true and correct; In the non-election year to which this affidavit applies, the above party or political action committee expended or contracted to
expend, an aggregate amount or value of less than five hundred dollars (\$500);
3. In the non-election year to which the affidavit applies, the above party or political action committee received contributions in
an aggregate amount or value of less than five hundred dollars (\$500);
4. In the non-election year to which this affidavit applies, the above party or political action committee received no contributions
in an aggregate amount or value in excess of fifty dollars (\$50) from any one contributor.
1-13-22 (Has A a
(Date) (Signature of Treasurer)
Subscribed and sworn to (affirmed) before me this 13 day of Sanuary , 20 22
Smil n1 Alankan
(Seal My Appt. Expires Kansas 4-7-25 My Appointment Expires 4-7 20 25
(Seal) My Appt. Expires Kansas 4-7-3 My Appointment Expires 4-7, 20_25
Governmental Ethics Commission Rev. 2021