AFFIDAVIT OF EXEMPTION FROM FILING RECEIPTS AND EXPENDITURES REPORTS BY A PARTY COMMITTEE OR POLITICAL ACTION COMMITTEE 06 2022

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

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 66612) PRIOR TO January 10, 2022. If a party or political action committee qualifies for this exemption, a Statement of Organization still must be filed and the treasurer must maintain the required records. (K.S.A. 25-4145)

| | PLE | ASE PRINT OR TYPE | | |
|----------------------|--|--|---|--------|
| A. Name | of Committee Edwards County | Democratic C | ommittee_ | |
| Addre | ess 424 w3 rd St | _City_Kinsley | Zip Code <u>47547</u> | |
| | hone 620-659 - 2775 | | | |
| B. Name | of Treasurer Emily K. White | 2 | | |
| Addre | ss 424 W31 ST | city Kinsley | Zip Code <u>67547</u> | - |
| Home | Telephone 620-659-2775 | Business Telephone | NA | |
| C. Affida State o | avit: of Kansas, ty of Edward S | | | |
| r, <u>E</u> | mily Killhite | , treasurer of | the Edwards County | |
| _De | (Name of Party or Political Act | ion Committee) | do swear (or affirm) that: | |
| 2. I 3. I 4. I | The information in Items A and B above is true and In the non-election year to which this affidavit apexpend, an aggregate amount or value of less that In the non-election year to which the affidavit apart aggregate amount or value of less than five hur in the non-election year to which this affidavit apart an aggregate amount or value in excess of fifty | plies, the above party or politic n five hundred dollars (\$500); pplies, the above party or politic andred dollars (\$500); plies, the above party or politic | al action committee received contribution | ons in |
| | Ta. n. 4, 2022. (Date) | Emil | Signature of Treasurer) | |
| Súl | bscribed and sworn to (affirmed) before me this _ | 4 day of Janu | 10 × 462, 2023 | |
| | VANICE K. HOGAN My Appt. Expires D3-D5-22 | N. A. S. Fari | (Notary Public) | |
| Governi | mental Ethics Commission | My Appointment Expires _ | 03-05 , 20 <u>22 </u> | 021 |