FILED

STATEMENT OF ORGANIZATION

NOV 21 2022

SCOTT SCHWAB

			AND DADEN CO	SECRETARY OF STATE				
FOR POLITICAL 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					
COMMITTEE (PLEASE TYPE OR PRINT)								
Name Harvey County Democratic Central Committee								
	ss (Street, City, State, It St. Newt		Business Telephon (707)536 -					
CHAIRPERSO	ON							
Name Proceed as	Becker		Home Telephone (ついつ) ちるし	- 7 t pl				
	ess (Street, City, State,	Zip Code)	Business Telephon					
312 E	loth St. New	Hun KS WILM	()					
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TREASURER			Hama Talanhana					
Name	Weidenb	Lenen	Home Telephone	-1487				
	ess (Street, City, State,		Business Telephon	e				
3 Tasper Ct. North Newton, 1800 KS 107117 (316) 261-4726								
AFFILIATED	OR CONNECTED O	RGANIZATIONS						
Name								
Mailing Address (Street, City, State, Zip Code)								
	<u> </u>							
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.								
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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."								
11/18/22	_	α	6					
(Date)		(Signature o	of Chairperson)					
Governmental H	Ethics Commission		Second Paleston	Rev.2000				

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

		(See Reverse Side For In	structions)	KS GOVERNOOD	20
	This is a (check one)	X Party Committee	Political Ac	tion Committee a/	.0
	This is an (check one)	Initial Statement	Amended S	KS GOVERNMENTAL STATES CO	mmission
COMMITTEE		(PLEASE TYPE OR P			
Name Har	vey County	Democratic Cei	atral Co	mmittee	
	ess (Street, City, State Sw 24+4, Hals	, Zip Code) tead, KS 69056		ess Telephone) 650 5546	
CHAIRPERSO	ON				
Name Arns	ita Haury			Telephone) 6505546	
Mailing Addre	ess (Street, City, State W 24+4, Hals +	, Zip Code) ead, KS 67056		ess Telephone) 650 55 46	
TREASURER					
Name Angs	ala Becker		and the second second	Telephone) 536 - 7101	
Mailing Addre	ess (Street, City, State East 10 th 5th	, Zip Code) reet, Newton KS 67	Busine 114 (70	ess Telephone 7) 536-7101	
AFFILIATED	OR CONNECTED C	DRGANIZATIONS			
Name Kan	isas Stak D	lemocratic Par	ty		
Mailing Addre	ess (Street, City, State E Jefferson St	, Zip Code) Freet, Suite 30, 7	opeka, K	5 66607	
If not connected	or affiliated with an org	ganization, identify the trade	e, profession, or	primary interest of the	contributors.
belief is true, co	this statement has bee orrect and complete.	n examined by me and to a I understand that the intenent is a class A misdemean	tional failure t		
December (Date)	er 1,2020	(Signature	ta Haur e of Chairperso	on)	
Governmental F	Ethics Commission				Rev 2000