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## STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COM	MITTEES
(See Reverse Side For Instructions)	RECEIVAD
This is a (check one) Party Committee Political Action Committee	٠,
This is an (check one) Initial Statement Amended Statement	DEC 0 9 2022
COMMITTEE (PLEASE TYPE OR PRINT)	SCOTT SCHWAB SECRETARY OF STA
Name Thomas County Democratic Committee	2
Mailing Address (Street, City, State, Zip Code)  Business Telephone  375 E. Cherry St. Colby KS 6770/ (785) 443-	2655
CHAIRPERSON	
Name Constance Davis  Home Telephone (785) 443-3	1653
Mailing Address (Street, City, State, Zip Code)  Business Telephone  375 E Cherry St., (2) by K 5 6 770 / ( )	
TREASURER discrete:	
Name Sandy Hill Home Telephone (785) 675-	
Mailing Address (Street, City, State, Zip Code)  1245 W Lot Colby K5 6770/  ()	,
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name n/a	
Mailing Address (Street, City, State, Zip Code)	
If not connected or affiliated with an organization, identify the trade, profession, or primary interespond freat	est of the contributors.
SIGNATURE: "I declare that this statement has been examined by me and to the best of my knowledge as belief is true, correct and complete. I understand that the intentional failure to file this doc or intentionally filing a false document is a class A misdemeanor."	
(Date) (Signature of Chairperson)	<u>/</u>

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FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES IT
(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 Thomas County Democrats
Mailing Address (Street, City, State, Zip Code)  Business Telephone  (785) 443-1146
CHAIRPERSON
Name Constance Davis  Home Telephone (785) 460-7188
Mailing Address (Street, City, State, Zip Code)  Business Telephone  375 E. Cherry (Polby, K5 6170/(185) 443-2655
TREASURER
Name Sandra Hill Home Telephone (785) 443-1146
Mailing Address (Street, City, State, Zip Code)  1245 W 6th, Colby HS 67701  Business Telephone
AFFILIATED OR CONNECTED ORGANIZATIONS
Name Kansas Democratic Party
Mailing Address (Street, City, State, Zip Code) P.O. Box 1914 Topeka KS 66601
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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."
(Date) (Signature of Chairperson)

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