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STATEMENT OF ORGANIZATION

RECEIVED

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

JAN 09 2023

KS Governmental Ethics Commission

(See Reverse Side For Instructions)

This is a (check one)	<input checked="" type="checkbox"/> Party Committee	<input type="checkbox"/> Political Action Committee
This is an (check one)	<input type="checkbox"/> Initial Statement	<input type="checkbox"/> Amended Statement

COMMITTEE

(PLEASE TYPE OR PRINT)

Name butler county democrates	
Mailing Address (Street, City, State, Zip Code) 1661 pennsylvania street el dorado ks 67042	Business Telephone ()

CHAIRPERSON

Name herb llewellyn	Home Telephone (316) 4520210
Mailing Address (Street, City, State, Zip Code) 1661 pennsylvania street el dorado ks 67042	Business Telephone ()

TREASURER

Name Jan Wheeler	Home Telephone (316) 3235341
Mailing Address (Street, City, State, Zip Code) 6308 s.e. price rd. leon ks 67074	Business Telephone ()

AFFILIATED OR CONNECTED ORGANIZATIONS

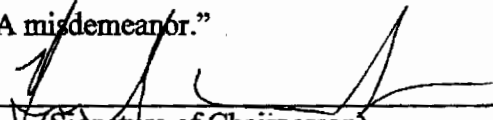
Name
Mailing Address (Street, City, State, Zip Code)

If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

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."

12-28-22
(Date)


(Signature of Chairperson)