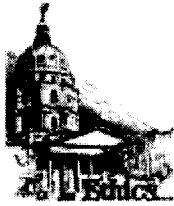


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**Campaign Finance
Statement of Organization
For Political Action Committees
And Party Committees**

Governmental Ethics Commission
901 S. Kansas Ave.
Topeka, KS 66612
Office (785) 296-4219
Fax (785) 296-2548
ethics.kansas.gov

This is a (Check one) **Party Committee** **PAC**

This is an (Check one) **Initial Appointment** **Amended Statement**

Committee

Name: **Crawford County Democratic Party**

Address: **217A N. Broadway**

Address2:

City: **Pittsburg** State: **KS** Zip: **66762**

Business Phone: **(620) 687-3774**

Email Address: **dlpyle1976@outlook.com**

Chairperson

Name: **Emily Walters**

Address: **704 Tanglewoods Drive**

Address2:

City: **Pittsburg** State: **KS** Zip: **66762**

Home Telephone: Business Phone: **(585) 754-5949**

Email Address: **emily@crawfordcountysdems.org**

Treasurer

Name: **Donald Pyle**

Address: **112 W. Lake Road**

Address2:

City: **Farlington** State: **KS** Zip: **66734**

Home Telephone: Business Phone: **(620) 687-3774**

Email Address: **dlpyle1976@outlook.com**

**Affiliated or
Connected
Organizations**

Name:

Address:

Address2:

City: State: Zip:

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

The primary interest of the contributors is to support democratic party candidates in our county.

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.

Executed on:

Date: **6/25/2024 12:14:46 PM** Signature of Chairperson: **Emily Walters**

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STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

RECEIVED
JAN 25 2024
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 checked="" type="checkbox"/> Amended Statement

COMMITTEE (PLEASE TYPE OR PRINT)

Name Crawford County Democratic Party Central Committee

Mailing Address (Street, City, State, Zip Code) 217A N Broadway Pittsburg, KS 66762 Business Telephone (620) 670-6867

CHAIRPERSON

Name Emily Walters Home Telephone (585) 754-5949

Mailing Address (Street, City, State, Zip Code) 704 Tanslewoods Drive Business Telephone ()

TREASURER

Name Don Pyle Home Telephone (620) 687-3774

Mailing Address (Street, City, State, Zip Code) 112 West Lake Road, Farlington, KS 66761 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 contributor

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."

1/25/2024
(Date)


(Signature of Chairperson)

STATEMENT OF ORGANIZATION
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

RECEIVED

2/17/23

(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: Crawford County Democratic Central Committee
Mailing Address (Street, City, State, Zip Code): 704 Tanglewood Drive
Business Telephone: (585) 754-5949

CHAIRPERSON

Name: Dr. Emily Walters
Home Telephone: (585) 754-5949
Mailing Address (Street, City, State, Zip Code): 704 Tanglewood Drive, Pittsburg, KS 66762
Business Telephone: ()

TREASURER

Name: Lynn Grant
Home Telephone: (620) 308-5518
Mailing Address (Street, City, State, Zip Code): 202 S. Appleton Frontenac, KS 66763
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."

2/17/23
(Date)


(Signature of Chairperson)