

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(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	Norton County Democrats	
Mailing Address (Street, City, State, Zip Code)	Norton, KS 67654	Business Telephone ()

CHAIRPERSON

Name	Jennifer Lindsay	Home Telephone (785) 202-1334
Mailing Address (Street, City, State, Zip Code)	703 Sun Ave. Norton, KS 67654	Business Telephone () Same

TREASURER

Name	Bethany Shiriz	Home Telephone (785) 332-0115
Mailing Address (Street, City, State, Zip Code)	12039 Radio Rd. Norton, KS 67654	Business Telephone (785) 874-5106

AFFILIATED OR CONNECTED ORGANIZATIONS

Name	Kansas Democratic Party
Mailing Address (Street, City, State, Zip Code)	

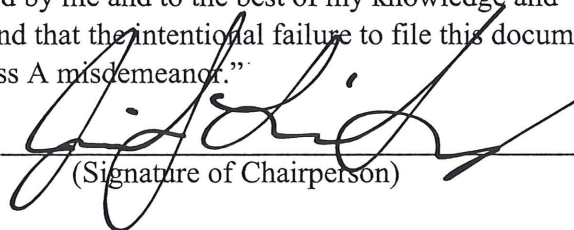
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

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."

08-27-24

(Date)


(Signature of Chairperson)