

STATEMENT OF ORGANIZATION

RECEIVED

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

DEC 27 2022

(See Reverse Side For Instructions)

KS Governmental Ethics Commission

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 SALINE COUNTY DEMOCRATS	
Mailing Address (Street, City, State, Zip Code) PO BOX 54, SALINA, KS 67402	Business Telephone (785) 825-7478

CHAIRPERSON

Name HALEY HELZER	Home Telephone (785) 342-6123
Mailing Address (Street, City, State, Zip Code) 1008 E ELM ST, SALINA, KS 67401	Business Telephone (785) 827-1011

TREASURER

Name CAROL VIAR	Home Telephone (785) 827-7401
Mailing Address (Street, City, State, Zip Code) 5132 SHANNON ST, SALINA, KS 67401	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."

(Date)



(Signature of Chairperson)