

Reverse page

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

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 SCOTT SCHWAB
 SECRETARY OF STATE

COMMITTEE (PLEASE TYPE OR PRINT)

Name Thomas County Democratic Committee

Mailing Address (Street, City, State, Zip Code) 375 E. Cherry St. Colby KS 67701 Business Telephone (785) 443-2655

CHAIRPERSON

Name Constance Davis Home Telephone (785) 443-2655

Mailing Address (Street, City, State, Zip Code) 375 E. Cherry St., Colby KS 67701 Business Telephone ()

TREASURER

Name Sandy Hill Home Telephone (785) 675-8353

Mailing Address (Street, City, State, Zip Code) 1245 W 6th, Colby, KS 67701 Business Telephone ()

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 interest of the contributors.

Political

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."

Dec 4, 2022
(Date)

Constance Davis
(Signature of Chairperson)