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# STATEMENT OF ORGANIZATION

## 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 Woodson County Democratic Party

Mailing Address (Street, City, State, Zip Code)	Business Telephone
<u>370 Highway 75 Gates Center, KS 66783</u>	<u>(620) 212-8084</u>

CHAIRPERSON

Name	Home Telephone
<u>Mark Pringle</u>	<u>(620) 212-8084</u>

Mailing Address (Street, City, State, Zip Code)	Business Telephone
<u>370 Highway 75 Gates Center, KS 66783</u>	<u>(620) 212-8084</u>

TREASURER

Name	Home Telephone
<u>Mark Pringle</u>	<u>(620) 212-8084</u>

Mailing Address (Street, City, State, Zip Code)	Business Telephone
<u>370 Highway 75 Gates Center, KS 66783</u>	<u>(620) 212-8084</u>

AFFILIATED OR CONNECTED ORGANIZATIONS

Name Kansas Democratic Party

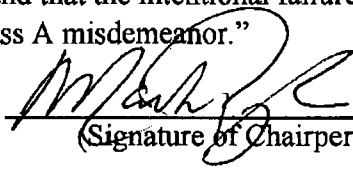
Mailing Address (Street, City, State, Zip Code)
<u>P.O. Box 1914 Topeka, Kansas 66601-1914</u>

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."

12-22-22  
(Date)

  
(Signature of Chairperson)