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(See Reverse Side For Instructions)					
This is a (check one) Party Committee X Political Action Committee					
This is an (check one) Initial Statement Amended Statement					
COMMITTEE (PLEASE TYPE OR PRINT)					
Name Kansas Third Congressional District Democratic Committee					
Mailing Address (Street, City, State, Zip Code) 5001 Rock Creek Lane, Missian, K5 66205 Business Telephone (913) 236-9/61					
CHAIRPERSON					
Name Home Telephone (93) 336-9/6/					
Mailing Address (Street, City, State, Zip Code) Business Telephone 5001 Rock Creek Lane, Mission, KS 41205 (913) 236-9/41					
TREASURER					
Name Steve Wright Home Telephone (9/3) 254-0858					
Mailing Address (Street, City, State, Zip Code) 6/6 E. Layton Drive, Olathe, KS 44041-28/9 ()					
AFFILIATED OR CONNECTED ORGANIZATIONS					
Name 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."					
(Date) Thomas Will Thomas (Signature of Chairperson)					
Governmental Ethics Commission Rev.2000					

STATEMENT OF ORGANIZATION

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FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES FOR THORNBURGE STATE FOR FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES FOR FOR THORNBURGE STATE FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES FOR FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES FOR FOR THORNBURGE STATE FOR FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES FOR FOR FOR STATE FOR FOR STA					
(See Reverse Side For Instructions)					
This is a (check one) Party Committee Political Action Committee 2006					
This is an (check one) Initial Statement Amended Statement Amended Statement Amended Statement Statement Amended Statement Statement Amended Statement Statement Statement Amended Statement Statemen					
COMMITTEE (PLEASE TYPE OR PRINT)					
Name Kansas Third Congressional District Democratic Cauchs					
Mailing Address (Street, City, State, Zip Code) 5001 Rock Creek Lane, Mission, KS 4(205 (913) 236-9161					
CHAIRPERSON					
Name Tom Thompson (9/3) 236-9/6					
Mailing Address (Street, City, State, Zip Code) Business Telephone 5001 Rock Creek Lake, Mission, K566205 ()					
TREASURER					
Name Barbara I Kerd Home Telephone (913) 299-9164					
Mailing Address (Street, City, State, Zip Code) 2738 N. 88 th Terr., Kansas City, KS 64109 (913) 522-2512					
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. The primary purpose of this PAC is to support and elect Democratic Canali Date,					
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." May 3, 2006 (Signature of Chairperson)					

Governmental Ethics Commission

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		Party Committee	Political Action Comm	nittee
		Initial Statement	Amended Statement	
COMMITTEE	(PLF	EASE TYPE OR PI	RINT)	
Name Kansa	253cd Congressional	District De	mocratic Comm	cus Hee
Mailing Addre	ss (Street, City, State, Zip Co Cocek Lane, Mission	de)	Business Teler	phone
CHAIRPERSO	ON			
Name / om	Thompson	98	Home Telephor (913) 2	1e 36-9161
Mailing Addre	ss (Street, City, State, Zip Co Creek Lane, Missian, k	de) <5 66205	Business Telep	phone
TREASURER				
Name Const	ance Shiller		Home Telephor (9/3) 3	
Mailing Addre	ss (Street, City, State, Zip Co 5 St., ste. 750, Over	de) land Park, KS 66	Business Teler	
	OR CONNECTED ORGANI	,	¥i	8 7
Name Kanso	is Democratic Party	F2 242		
	ss (Street, City, State, Zip Co			=
1,0,000	714, Topeka, KS 66	601		
If not connected	or affiliated with an organizatio	n, identify the trade,	profession, or primary	interest of the contributors.
	*			
SIGNATURE:				
	this statement has been exami correct and complete. I unders			
	filing a false document is a c			io document
7-15-05 (Date)		Thomas Woln	of Chairperson)	
	Thics Commission	Digitature	or champoison)	Rev.2000

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