	RECEIVED
STATEMENT OF ORGAN	NIZATION
FOR POLITICAL ACTION COMMITTEES	JÁN 252010 AND PARTY COMMITTEES nission
(See Reverse Side For Instru	uctions)
This is a (check one) Party Committee	Political Action Committee
This is an (check one) Initial Statement	Amended Statement
COMMITTEE (PLEASE TYPE OR PRI	NT)
Name Cherryvale Democrat Club	
Mailing Address (Street, City, State, Zip Code) 5552 CR 4400 Cherryvale Kansas 67335	Business Telephone (620) 336-3410
CHAIRPERSON	
Name Richard R Basham	Home Telephone (620) 336-3410
Mailing Address (Street, City, State, Zip Code) 5552 CR 4400 Cherryvale Kansas 67335	Business Telephone ()
TREASURER	
Name Carolyn Stillwell	Home Telephone (620) 423-4255
Mailing Address (Street, City, State, Zip Code) 5370 CR 6000	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, pr The mission of the Cherryvale Democrat Club of Montgome individuals who support public policies that advances the st	ery County is to recruit, train and elect i
	and the reasons bonnoordaor any riale
SIGNATURE: "I declare that this statement has been examined by me and to the	hest of my knowledge and
belief is true, correct and complete. I understand that the intention	al failure to file this document
or intentionally filing a false document is a class A misdemeanor.	
(Date) 2070 Herbergy (Signature of	Chairperson)
Governmental Ethics Commission	Rev.2000

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FOR PO	LITICAL ACTI	ION COMMITTE	ES AND PART	Y COMMITTEES	
		(See Reverse Side For	Instructions)		
	This is a (check one) This is an (check one)	Party Committee	Political Action Co		,
COMMITTEE		(PLEASE TYPE OI	R PRINT)		
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CHAIRPERSO			Home Teleph	none]
Kich	vd Kashan		(620)3	<u>36-3410</u>	
Mailing Addres	ss (Street, City, State, (R 1/40()	harringeli	K^{S} (620)3	Sile 1521	
TREASURER					_
Name	In Shi	well	Home Teleph (<u>し</u> えつ)	123 1255	
Mailing Addres	ss (Street, City, State,	Zip Code)	Business Te	lephone	
AFFILIATED	OR CONNECTED O	RGANIZATIONS			
		nty Control	ammittee		_
Mailing Addres	s (Street, City, State,	Eth Stre	et 613	137	
If not connected o	r affiliated with an org	anization, identify the tra	de, profession, or prima	ry interest of the contribute	ors.
belief is true, co:	rrect and complete. I	examined by me and t understand that the int it is a class A misdeme	entional failure to file		
18 Jun (Date)	<u>, 201</u> 0	Liet	ure of Chairperson)	h	
Governmental Ft	thics Commission			Rev.20	000

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