STATEMENT OF ORGANIZATION
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES
(See Deverse Side For Instructions)
This is a (check one) Party Committee Political Action Committee
This is a (check one) Party Committee Political Action Committee This is an (check one) Initial Statement Amended Statement Ethics Commission
COMMITTEE (PLEASE TYPE OR PRINT)
Name Democratic Senatorial Campaign Committee
Mailing Address (Street, City, State, Zip Code)Business TelephonePO Box 1811, Topeka, KS 66601(785) 766-0513
CHAIRPERSON
Name Home Telephone (785) 232-1944
Mailing Address (Street, City, State, Zip Code)Business Telephone2226 SE Virginia, Topeka, KS 66601()
TREASURER
Name Home Telephone Timothy R. Graham ()
Mailing Address (Street, City, State, Zip Code)Business TelephonePO Box 1811, Topeka, KS 66601(785)296-3245
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.
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."
(Date) (Signature of Chairperson)

Governmental Ethics Commission

Rev.2000