STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEE	S AND PARTY CO	MMITTEES		
		JUL 1 4 2014		
(See Reverse Side For Instructions)				
This is a (check one) Party Committee	Political Action Committee	KRIS W. KOBACH SECRETARY OF STATE		
This is an (check one) Initial Statement	Amended Statement			
COMMITTEE (PLEASE TYPE OR F	PRINT)			
Name Kansas 1st Congressional District Democratic Pa	arty			
Mailing Address (Street, City, State, Zip Code) PO Box 262 Spearville, KS 67876	Business Telephon (620) 789-22			
CHAIRPERSON				
Name Johnny Dunlap II	Home Telephone (620) 789-22	98		
Mailing Address (Street, City, State, Zip Code) PO Box 262 Spearville, KS 67876	Business Telephon	e		
TREASURER				
Name William Ballard	Home Telephone (620) 343-2	719		
Mailing Address (Street, City, State, Zip Code) 1020 Watson St., Emporia, KS 66801	Business Telephon	e		
AFFILIATED OR CONNECTED ORGANIZATIONS				
Name Kansas Democratic Party				
Mailing Address (Street, City, State, Zip Code) 700 SW Jackson St. Suite 404, Topeka, KS 66603				
If not connected or affiliated with an organization, identify the trade	e, profession, or primary inte	rest 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) / (Signature of Chairperson)				
Governmental Ethics Commission		Rev.2000		

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES JAN 08 2014 (See Reverse Side For Instructions) KRIS W. KOBACH ECRETARY OF STATE This is a (check one) Party Committee Political Action Committee This is an (check one) Amended Statement Initial Statement **COMMITTEE** (PLEASE TYPE OR PRINT) Name Kansas Democratic First District Committee Business Telephone Mailing Address (Street, City, State, Zip Code) 1020 Watson, Emporia, KS 66801) 343-2719 (620 **CHAIRPERSON** Name Home Telephone **Melody Saxton**) 375-1425 (785 Mailing Address (Street, City, State, Zip Code) **Business Telephone** 7605 Erickson Road, Junction City, KS 66441) 375-1425 TREASURER Name Home Telephone (620) 343-2719 William Ballard Mailing Address (Street, City, State, Zip Code) Business Telephone 1020 Watson, Emporia, KS 66801 (NA 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. Democratic political committee for the 1st District of Kansas 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." (Signature of Chairperson)

Governmental Ethics Commission

Rev.2000

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)		FILED		
	This is a (check one)	Party Committee	Political Action Committee	JAN 2 5 2013
	This is an (check one)	Initial Statement	Amended Statement	
				KRIST TO TE
COMMITTEE (PLEASE TYPE OR PRINT)				
Name Kansa	as Democratic First I	District Committee		
_	ess (Street, City, State, Street, Hays, KS 67	- /	Business Telephone (785) 628-267	
CHAIRPERSO	ON			
Name Melod	y J. Saxton		Home Telephone (785) 375-142	5
	ess (Street, City, State, on Road, Junction C		Business Telephone (785) 375-142	
TREASURER	<u> </u>	-		
Name Harrie	t Caplan		Home Telephone (785) 628-26	77
	ess (Street, City, State, Street, Hays, KS 6		Business Telephone	
AFFILIATED	OR CONNECTED O	RGANIZATIONS		
Name Kansa	s Democratic Party			
	ess (Street, City, State, ekson, Suite 404, To	- ′		
If not connected	or affiliated with an org	anization, identify the tr	ade, profession, or primary intere	est of the contributors.
SIGNATURE:				
		n examined by me and	to the best of my knowledge ar	nd
belief is true, co	orrect and complete. 1	understand that the in	tentional failure to file this doc	
or intentionally filing a false document is a class A misdemeanor."				
1/23/20	0/3	Il foo	4 Souton	
(Date)	(Date) (Signature of Chairperson)			