## STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITT	
(See Reverse Side Fo	or Instructions)
This is a (check one) Party Committee	Political Action Committee MAR 0 7 2013
This is an (check one) Initial Statement	
COMMITTEE (PLEASE TYPE C	OR PRINT)
Name Kansas Democratic County Chairs Organizat	tion
Mailing Address (Street, City, State, Zip Code) 202 S. Appleton Dr, Frontenac, KS 66763	Business Telephone (620) 308-5518
CHAIRPERSON	
Name Susan G. Fowler	Home Telephone ( 620 ) 343-1072
Mailing Address (Street, City, State, Zip Code) 1557 Road N, Emporia, KS 66801	Business Telephone ( 620 ) 342-4535
TREASURER	
Name	Home Telephone
Lynn Grant  Mailing Address (Street, City, State, Zip Code)	( 620 ) 308-5518  Business Telephone
202 S. Appleton Dr, Frontenac, KS 66763	( )
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name Kansas Democratic Party	
Mailing Address (Street, City, State, Zip Code) PO Box 1914 Topeka, KS 66601	i
f not connected or affiliated with an organization, identify the	trade profession or primary interest of the contributors
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SIGNATURE: "I declare that this statement has been examined by me an belief is true, correct and complete. I understand that the for intentionally filing a false document is a class A misder	intentional failure to file this document
3-1-13 Pusa	and Sowler eature of Chairperson)
Governmental Ethics Commission	Rev.2000