

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

This is a (check one)	<input type="checkbox"/> Party Committee	<input checked="" type="checkbox"/> Political Action Committee
This is an (check one)	<input type="checkbox"/> Initial Statement	<input type="checkbox"/> Amended Statement

COMMITTEE (PLEASE TYPE OR PRINT)

Name	Public Education and Community Leadership Caucus of the Kansas Democratic Party			
Mailing Address (Street, City, State, Zip Code)	14 S. Barbie, Emporia, KS 66801		Business Telephone	(620) 344-0276

CHAIRPERSON

Name	Barbara Fowler	Home Telephone	(620) 344-0276	
Mailing Address (Street, City, State, Zip Code)	14 S. Barbie, Emporia, KS 66801		Business Telephone	()

TREASURER

Name	Chris Perry	Home Telephone	(913) 951-6660	
Mailing Address (Street, City, State, Zip Code)	604 9th St, Baldwin City, KS 66006		Business Telephone	()

AFFILIATED OR CONNECTED ORGANIZATIONS

Name	Kansas Democratic Party		
Mailing Address (Street, City, State, Zip Code)	PO BOX 1914, Topeka, KS 66601		

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."

3-17-17
(Date)

Barbara Fowler
(Signature of Chairperson)