

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

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

RECEIVED
H-B 152011

KS Governmental Ethics Commission

COMMITTEE

(PLEASE TYPE OR PRINT)

Name <i>Senate Democrats Committee</i>	
Mailing Address (Street, City, State, Zip Code) <i>P.O. Box 1811 Topeka, KS 66601</i>	Business Telephone <i>(785) 296-6182</i>

CHAIRPERSON

Name <i>Anthony Hensley</i>	Home Telephone <i>(785) 224-4305</i>
Mailing Address (Street, City, State, Zip Code) <i>2226 SE Virginia Ave Topeka, KS 66605</i>	Business Telephone <i>(785) 296-6182</i>

TREASURER

Name <i>Timothy Graham</i>	Home Telephone <i>(785) 766-0513</i>
Mailing Address (Street, City, State, Zip Code) <i>923 Essex Court Lawrence, KS 66044</i>	Business Telephone <i>(785) 296-6182</i>

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.

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."

2/14/11
(Date)

Anthony Hensley
(Signature of Chairperson)

RECEIVED

STATEMENT OF ORGANIZATION

III 15 2010

KS Governmental Ethics Commission

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

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

COMMITTEE (PLEASE TYPE OR PRINT)

Name	Senate Democrats Committee	
Mailing Address (Street, City, State, Zip Code)	PO Box 1811 Topeka KS 66601 ()	
Business Telephone	()	

CHAIRPERSON

Name	Anthony Hensley	Home Telephone	(Same as below)	
Mailing Address (Street, City, State, Zip Code)	2226 SE Virginia Ave, Topeka, KS 66605		Business Telephone	(785) 232-1944

TREASURER

Name	Stefanie Graves	Home Telephone	(785) 766-5376	
Mailing Address (Street, City, State, Zip Code)	1321 Sunchase DR Lawrence, KS 66044		Business Telephone	(785)-296-6182

AFFILIATED OR CONNECTED ORGANIZATIONS

Name	N/A
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.

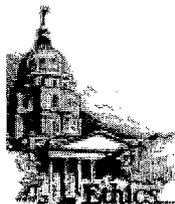
SIGNATURE:

"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."

4/26/10
(Date)

Anthony Hensley
(Signature of Chairperson)

Thank you, your filing has been sent to GEC.
[Print this form](#) or [Proceed to log in](#)



**Campaign Finance
Statement of Organization
For Political Action Committees
And Party Committees**

Governmental Ethics Commission
109 W. 9th, Suite 504
Topeka, KS 66612
Phone (785) 296-4219
Fax (785) 296-2548
www.kansas.gov/ethics

This is a (Check one) Party Committee PAC

This is an (Check one) Initial Appointment Amended Statement

Committee

Name: **Senate Democrats Committee**
Address: **1811 PO Box 1811**
City: **Topeka** State: **KS** Zip: **66601**
Business Phone:
Email Address:

Chairperson

Name: **Anthony Hensley**
Address: **2226 SE Virginia AVE**
City: **Topeka** State: **KS** Zip: **66605**
Home Telephone: Business Phone:
Email Address: **Anthonyh@kssdems.com**

Treasurer

Name: **Timothy Graham**
Address: **923 Essex CT**
City: **Lawrence** State: **KS** Zip: **66049**
Home Telephone: Business Phone:
Email Address: **timothyg@kssdems.com**

**Affiliated or
Connected
Organizations**

Name:
Address:
City: State: Zip:

If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

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.

Executed on:

Date: **7/21/2008 8:07:13 PM** Name of Chairperson: **Timothy R. Graham**

[Print this form](#) or [Proceed to log in](#)