STATEMENT OF ORGANIZATION	Received.
FOR POLITICAL ACTION COMMITTEES AND PARTY COMM	· · · · ·
(See Reverse Side For Instructions)	}
This is a (check one) Party Committee Political Action Committee	}
This is an (check one) Initial Statement Amended Statement	
COMMITTEE (PLEASE TYPE OR PRINT)	
Name Archezer County Remacratic Party	
Mailing Address (Street, City, State, Zip Code) 902 M. W. D. History, KS (16002 (913) 367-3)	836
CHAIRPERSON	
Name Home Telephone (913)367-38	36
Mailing Address (Street, City, State, Zip Code)Business Telephone $902N42^2$ $A-ch, 5 = n k 5 6 6 0 2 ()$	
TREASURER	
Name Home Telephone ()	
Mailing Address (Street, City, State, Zip Code) Business Telephone	
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name]
Mailing Address (Street, City, State, Zip Code)	
If not connected or offiliated with an exemization identify the trade profession or minory interact of	
If not connected or affiliated with an organization, identify the trade, profession, or primary interest c	
	[
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 docum	ent
or intentionally filing a false document is a class A misdemeanor"	
<u>7.22.05</u> (Date) (Signature of Chairperson)	
Governmental Ethics Commission	Rev.2000

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	FILED
STATEMENT OF FOR POLITICAL ACTION COMM	AUG 2 5 2000 FORGANIZATION SECRETARY OF STATE IITTEES AND PARTY COMMITTEES
(See Reverse Si This is à (check one) Party Comr This is an (check one) Initial State	
COMMITTEE (PLEASE TY)	PE OR PRINT)
Name Atchison County Democr	atic Committee
Mailing Address (Street, City, State, Zin Code)	Business Telephone K56600Z(913) 367-4813
CHAIRPERSON	
Name Linda K. Lykins	Home Telephone (913) 367-4813
Mailing Address (Street, City, State, Zip Code) 819 N 12th St. Atchison, K	Business Telephone s 6002 (913) 367-7878
TREASURER	
Name Martha O'Keefe	Home Telephone (913) 367-6023
Mailing Address (Street, City, State, Zip Code) 203 East Riley Atchison,	Business Telephone Ks 66002()
AFFILIATED OR CONNECTED ORGANIZATION	NS
Name	
Mailing Address (Street, City, State, Zip Code)	
	y the trade, profession, or primary interest of the contributor
SIGNATURE: "I declare that this statement has been examined by m belief is true, correct and complete. I understand that or intentionally filing a false document is a class A mi	the intentional failure to file this document
8/16/00 (Date) (Si	inda K. Lypins ignature of Chaityperson)
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