FILE DEC I	STATEMENT OF ORG	ANIZATION	
PONED	5 2000 STATEMENT OF ORG	S AND PARTY COMMI	TTEES
SECRE	(See Reverse Side For In		
ļ	$\boxed{\begin{array}{c} \text{(See Reverse Side Form}\\ \hline \\ \text{This is a (check one)} \\ \hline \\ \hline \\ \end{array}} Party Committee \\ \hline \\ \end{array}}$	Political Action Committee	
	This is an (check one) Initial Statement	Amended Statement	
COMM	ITTEE(PLEASE TYPE OR F	PRINT)	
Name	Lyon County Democratic Committee		
	Address (Street, City, State, Zip Code) Road N Emporia, KS 66801-8147	Business Telephone (620) 343-1072	
CHAIR	PERSON		
Name	Susan G. Fowler	Home Telephone (620) 343-1072	
	Address (Street, City, State, Zip Code) Road N Emporia, KS 66801-8147	Business Telephone (620) 342-4535	
TREAS	URER		
Name	William Ballard	Home Telephone ( 620 ) 343-2719	
Mailing	Address (Street, City, State, Zip Code) Watson Emporia, KS 66801	Business Telephone	
AFFILL	ATED OR CONNECTED ORGANIZATIONS		
Name			
Mailing	Address (Street, City, State, Zip Code)		
	nected or affiliated with an organization, identify the trade ters of the Democratic Party and its political cand		e contributo
SIGNAT	CURE:		
	e that this statement has been examined by me and to t rue, correct and complete. I understand that the inten		
	onally filing a false document is a class A misdemean		
<u>]2-1</u> (Date)	-07. (Signature	of Chairperson)	
,	,		Rev.20

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FILED	
OCT 1 4 2008 RON THORNBURGH SECRETARY OF STATE SECRETARY OF STA	TEES
COMMITTEE (PLEASE TYPE OR PRINT)	
Name Lyon County Dem, CC	
Mailing Address (Street, City, State, Zip Code) 1155 N Hwx 99 Emponia, Ks (620) 343-16	67
CHAIRPERSON	<u> </u>
Name Gerald Karr (620) 343-16	07
Mailing Address (Street, City, State, Zip Code) 1155 N. Hwy 99 Emporia Ks. 66801 (620) 343-160	7
TREASURER	
Name Robert Grover (620) 343-10	72
Mailing Address (Street, City, State, Zip Code), Business Telephone 1557 Rd. N. Emporia, KS. 66801 () Same	
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." $\frac{10/8/08}{(Date)}$ Governmental Ethics Commission	D av. 2000
	Rev.2000

FILE       STATEMENT OF ORGANIZATION         SEP 1.6 2002       STATEMENT OF ORGANIZATION         SECRETARIZATE       ACTION COMMITTEES AND PARTY COMMITTEES         SECRETARIZATION       Secretaria         Secretaria       Secretaria
COMMITTEE (PLEASE TYPE OR PRINT)
Name Lyon County Democrat Committee
Mailing Address (Street, City, State, Zip Code) () Business Telephone
CHAIRPERSON
Name Gerald L. Karr (620) 343-1607
Mailing Address (Street, City, State, Zip Code) 66801 Business Telephone 1155 N: Hwy. 99 Emporia (620) 343 - 1607
TREASURER
Name Barbara Jensen (620) 343-1583
Mailing Address (Street, City, State, Zip Code) Emporia Business Telephone 23/1 W, Bay Front Ct, 6680) (620) 343-1583
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." $\frac{1/12/02}{(Date)}$ (Signature of Chairperson)
Governmental Ethics Commission Rev.2000