OCT 0 6 2008

## STATEMENT OF ORGANIZATION

|                    | MATICAL ACTION COMMITTEES AND PARTY COMMI                                                                                                                                                                                                     | TTEES           |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| •                  | (See Reverse Side For Instructions)                                                                                                                                                                                                           |                 |
|                    | This is a (check one) Party Committee Political Action Committee                                                                                                                                                                              |                 |
|                    | This is an (check one) Initial Statement Amended Statement                                                                                                                                                                                    |                 |
|                    | And is an (state) And as determined                                                                                                                                                                                                           |                 |
| COMMITTEE          | E (PLEASE TYPE OR PRINT)                                                                                                                                                                                                                      |                 |
| Name No.4          | tegenery County Democratic Central Committee                                                                                                                                                                                                  |                 |
| Mailing Addre      | ess (Street, City, State, Zip Code)  Business Telephone  OH W 6th # Coffeyville, KS 67357                                                                                                                                                     |                 |
| CHAIRPERSO         | •                                                                                                                                                                                                                                             |                 |
| Name Sose          | Home Telephone (620) 25/3244                                                                                                                                                                                                                  |                 |
|                    | ess (Street, City, State, Zip Code)  Business Telephone  Coffeyor Ne 1 6 733 7  ()                                                                                                                                                            |                 |
| TREASURER          |                                                                                                                                                                                                                                               |                 |
| Name Richard       | Home Telephone (620) 336 3410                                                                                                                                                                                                                 |                 |
|                    | ess (Street, City, State, Zip Code)  Business Telephone  (R 4400 Cheryol, KS 67335                                                                                                                                                            |                 |
|                    | OR CONNECTED ORGANIZATIONS                                                                                                                                                                                                                    |                 |
| Name               |                                                                                                                                                                                                                                               |                 |
| Mailing Addres     | ess (Street, City, State, Zip Code)                                                                                                                                                                                                           | -               |
| f not connected o  | or affiliated with an organization, identify the trade, profession, or primary interest of the                                                                                                                                                | e contributors. |
| belief is true, co | his statement has been examined by me and to the best of my knowledge and brrect and complete. I understand that the intentional failure to file this document filing a false document is a class A misdemeanor."  (Signature of Chairperson) |                 |
| Governmental E     | Ethics Commission                                                                                                                                                                                                                             | Rev.2000        |
|                    |                                                                                                                                                                                                                                               |                 |

| FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES  FILED  (See Reverse Side For Instructions)  AUG 15 Plans is a cincek one)   Party Committee   Political Action Committee   RON THOMN DIRIGINATION CINCENTAL COMMITTEE   Political Action Committee   RON THOMN DIRIGINATION CINCENTAL COMMITTEE   Political Action Committee   RON THOMN DIRIGINATE   Political Action Committee   RON THOMN DIRIGINATE   Party Committee   Political Action Committee   RON THOMN DIRIGINATE   Party Committee   Political Action Committee   RON THOMN DIRIGINATION   Party Committee   Political Action Committee   RON THOM DIRICINATION   Party Committee   RON THOM DIRICINATION   RON THOM D | STATEMENT OF ORGANIZATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| (See Reverse Side For Instructions)  AUG 15   This is a check one)   Party Committee   Political Action Committee   Amended Statement   SECRETARY   Party Committee   Amended Statement   SECRETARY   Political Action Committee   Amended Statement   SECRETARY   Political Action Committee   Amended Statement   SECRETARY   Political Statement   Amended Statement   SECRETARY   Political Action Committee   Amended Statement   Political Statement   Amended Statement   Political Statement   Amended Statement   Political Statement   Amended Statement   Political Statement   Political Statement   Amended Statement   Political Statement   Pol | FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| AUG 15 This is a check one) Parry Committee Political Action Committee  RON THORING DIRECTOR COMMITTEE (PLEASE TYPE OR PRINT)  Name  Mailing Address (Street, City, State, Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | FILED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| TREASURER  Name  Name  No. Box 1652, Coffeyulle, KS. G1331  TREASURER  Name  Name  Name  No. Box 1652, Coffeyulle, KS. G1331  TREASURER  Name  Name  Name  Name  Name  No. Box 1652, Coffeyulle, KS. G1331  TREASURER  Name  Alinnie Jackson  Mailing Address (Street, City, State, Zip Code)  More Jackson  Mailing Address (Street, City, State, Zip Code)  More Jackson  Mailing Address (Street, City, State, Zip Code)  More Jackson  Mailing Address (Street, City, State, Zip Code)  More Jackson  More Jackson  More Jackson  More Jackson  More Telephone  (G20) 870 8000  Mailing Address (Street, City, State, Zip Code)  More Jackson  More Jackson  More Telephone  More Telep | **                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Name  Mailing Address (Street, City, State, Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Name Mailing Address (Street, City, State, Zip Code)  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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Mailing Address (Street, City, State, Zip Code)  Mailing Address (Street, City, State, Zip Code)  CHAIRPERSON  Name  Mailing Address (Street, City, State, Zip Code)  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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Mailing Address (Street, City, State, Zip Code)  CHAIRPERSON  Name    Home Telephone   Home | Montgomery Courty Democratic Central Committee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Name  No N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Mailing Address (Street City State Zin Code)  Business Telephone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| TREASURER  Name    Home Telephone   GZO   8708000     Mailing Address (Street, City, State, Zip Code)   Home Telephone   Home |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Name  Winnie Jackson  Home Telephone  (G20) 870 8000  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 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Mailing Address (Street, City, State, Zip Code) P.O. Box 1652, Coffenuille, KS. 67331 (Business Telephone)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| (Date) (Signature of Chairperson)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (Date) (Signature of Chairperson)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

Governmental Ethics Commission

Rev.2000