

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 type="checkbox"/> Amended Statement

COMMITTEE (PLEASE TYPE OR PRINT)

Name <i>Doniphan Co. Democratic Central Comm.</i>	
Mailing Address (Street, City, State, Zip Code)	Business Telephone ()

CHAIRPERSON

Name <i>Galen Weiland</i>	Home Telephone (785) 988-4425
Mailing Address (Street, City, State, Zip Code) <i>P.O. Box 146 Bendena, KS. 66008</i>	Business Telephone (785) 988-4455

TREASURER

Name <i>Patricia Blocker</i>	Home Telephone (785) 989-3512
Mailing Address (Street, City, State, Zip Code) <i>801 N. 7th Wathena, KS. 66090</i>	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 or intentionally filing a false document is a class A misdemeanor."

6-10-08
(Date)

Galen Weiland
(Signature of Chairperson)