STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(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	
Harvey County Democratic Central Committee	
Mailing Address (Street, City, State, Zip Code) Business Telephone 920 Epping Lane Nalstead Ks 67056) 316-835 2307 Hon	اء
120 pping care 1. was care as 6 100 6 1416 100 000 1.00	ت
CHAIRPERSON	
Name Home Telephone	
Kenneth G Walsh (316) 835-2307	
Mailing Address (Street, City, State, Zip Code) Business Telephone	
9201 Epping Lane Halstead Ka 67056 ()	
TREASURER	
Name Home Telephone	
Barbara J. Stout (316) 283-8599	
Mailing Address (Street, City, State, Zip Code) Business Telephone	
427. W. 42 Newton Ks 67114 ()	
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name	
Kansas Democratic Part V	
Mailing Address (Street, City, State, Zip Code)	
KDP. POBOX 1914 TOPEKA, KS 66601	
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contribu	+
in not connected of artifiated with all organization, identity the flade, profession, or primary interest of the contribu	tors.
SIGNATURE: "I dealers that this statement has been examined by me and to the heat of my Imperiod as and	
"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."	
7/22/10 Penulle Is. Walse (Signature of Chairperson)	
1/VV/10 general /1. Wat	
(Date) (Signature of Chairperson)	

FILED STATEMENT OF ORGANIZATION
STATEMENT OF ORGANIZATION JUL 28 2008 FOR POLIFFICAL ACTION COMMITTEES AND PARTY COMMITTEES RON THOR OF STATE (See Reverse Side For Instructions)
SECRETARY (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 Hurrey County Democraticentral Committee
Mailing Address (Street, City, State, Zip Code) Harmonia Address (Street, City, State, Zip Code) Business Telephone (316) 283-8599
CHAIRPERSON
Name 150-100-10 Stout Home Telephone (316) 283-8599
Mailing Address (Street, City, State, Zip Code) Harward Watter State, Zip Code) Business Telephone (314) 283 8599
TREASURER
Name Home Telephone
Mailing Address (Street, City, State, Zip Code) Business Telephone
[Let 2 Normandy Rd Wewtowsk (316) 283-3627
AFFILIATED OR CONNECTED ORGANIZATIONS
Name Kansas Democratic Party
Mailing Address (Street, City, State, Zip Code) D. O. Box 1914 (Ope Ka Ks. Glebol-1914)
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributo
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."
1 0 +
7-23-08 (Date) Barbara & Stout (Signature of Chairperson)

Governmental Ethics Commission

Rev.2000