STATEMENT OF ORGANIZATION	
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMIT	ΓEES
SECRETARY Chircis a (check one) NON THORNIBURGH (See Reverse Side For Instructions) Party Committee Political Action Committee	
This is an (check one) Initial Statement Amended Statement	
COMMITTEE (PLEASE TYPE OR PRINT)	
Name	
KINGMAN COUNTY DEMOCRATIC PARTY	
Mailing Address (Street, City, State, Zip Code) Business Telephone 4645 SE 9625 STR. KINGMAN, ES 67068 (620) 297-4118	
CHAIRPERSON	
Name Home Telephone	
Tim HOLT (620) 297-4118	
Mailing Address (Street, City, State, Zip Code) Business Telephone 4L45 SE 9072 STR. KINGMUN, KS 67068 (316) 722-9393	
TREASURER	
Name Home Telephone (620) 298-2135	
Mailing Address (Street, City, State, Zip Code) Business Telephone 405 S. ELLIOTT, P.O. BOX 145 CLUMNING HAM, ES (620) 298-2511	
67055	
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name KANSAS DEMOCRATIC PARTY	
Mailing Address (Street, City, State, Zip Code)	
P.O. BOX 1914 TOPERA, KI 66601-1914	
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the	
	contributors.
	contributors.
	contributors.
SIGNATURE:	contributors.
SIGNATURE: "I declare that this statement has been examined by me and to the best of my knowledge and	contributors.
SIGNATURE:	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."	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	contributors.