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STATEMENT OF ORGANIZATION
JUL " CTATES
\FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES
GEORE
(See Reverse Side For Instructions)
This is a (check one) V Party Committee Political Action Committee
This is an (check one) Initial Statement Amended Statement
COMMITTEE (PLEASE TYPE OR PRINT)
Name Labette County Democrat Central Committee
Mailing Address (Street, City, State, Zip Code) Business Telephone
1609 Morgan Parsons, KS 67357 ()
CHAIRPERSON
Name Home Telephone
Joe / perra
Mailing Address (Street, City, State, Zip Code) Business Telephone
PO Box 86 Mound Valley, Ks ()
TREASURER
Name Evelyn Forbes (620) 421-6774
Mailing Address (Street, City, State, Zip Code), Cell Business Telephone
1609 Morgan, Parsons, KS 67357 (620) 815 4777
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."
7-20-2010 Joe Ylonna
(Date) (Signature of Chairperson)
Governmental Ethics Commission Rev.2000

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FEB 1 0 2010	STATEMENT OF ORGANIZATION
THUT OF	LITICAL ACTION COMMITTEES AND PARTY COMMITTEES
	(See Reverse Side For Instructions)
	This is a (check one) V Party Committee Political Action Committee
	This is an (check one) Initial Statement Amended Statement
COMMITTEE	(PLEASE TYPE OR PRINT)
Name La bette	County Democrat Central Committee
Mailing Addre	ss (Street, City, State, Zip Code) <u>112 Mound Valley, KD 67357 (620) 328-4350</u>
CHAIRPERSC)N
Name JOe	$\frac{Home Telephone}{(620) 32P-4921}$
Mailing Addre PO BOX 80	ss (Street, City, State, Zip Code) Business Telephone
TREASURER	
Name JQ	RHall Home Telephone (620) 328-4300
Mailing Addre	ss (Street, City, State, Zip Code) (12 MOund Valley, KS. 67354 (620) 421-2454
AFFILIATED	OR CONNECTED ORGANIZATIONS
Name	
Mailing Addre	ss (Street, City, State, Zip Code)
If not connected	or affiliated with an organization, identify the trade, profession, or primary interest of the contribute
belief is true, co	his statement has been examined by me and to the best of my knowledge and prrect and complete. I understand that the intentional failure to file this document
or intentionally	filing a false document is a class A misdemeanor."
(Date)	(Signature of Chairperson)
Governmental F	thics Commission Rev.20

FILE			
OCT 1 9 2006 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 LANGETTE COUNTY DEMOCRAT GENTRAL COMMITTEE			
Mailing Address (Street, City, State, Zip Code) Business Telephone	-		
2620 CLARK PARSONS, KS 67357 (620) 421-2648			
CHAIRPERSON			
Name Home Telephone (620) 421-0911			
CAREGARCETT(620)421-0911Mailing Address (Street, City, State, Zip Code)Business Telephone	-		
1725 18000 RD. PORSONS KS 67357 (620) 421-4906			
TREASURER			
Name Home Telephone			
BARBARA(620)421-2648Mailing Address (Street, City, State, Zip Code)Business Telephone			
Z620 CLACK PRODONS KS 67357 (
AFFILIATED OR CONNECTED ORGANIZATIONS			
Name			
Mailing Address (Street, City, State, Zip Code)	_		
PO Box 1914 TOPERA KS 66601-P14			
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributo	ərs.		
SIGNATURE:			
"I declare that this statement has been examined by me and to the best of my knowledge and			
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1011-06 Unthant			
(Date) (Signature of Chairperson)			
Governmental Ethics Commission Rev.20	00		