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- San Si Alexander				***
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EEB 0 1 5005	\ STATEMENT	T OF ORGAN	NZATION	
	EAL ACTION CON	MMITTEES A	AND PARTY COM	1MITTEES
1	(See Revers	se Side For Instru	ctions)	•
This i	s a (check one) Party	Committee	Political Action Committee	7
This is	s an (check one) Initial	l Statement.	Amended Statement	
COMMITTEE	(PLEASI	E TYPE OR PRIN	NT)	
Name 20 gon	County Democ	ratio Ce	intral Comm	itter
Mailing Address (Str	eet, City, State, Zip Code) Ceolar Crest N	Do numer 1	Business Telephone (785) 841	783()
CHAIRPERSON				
	Reterio-		Home Telephone	
Mailing Address (Stre	eet, City, State, Zip Code) Edar (vod Monument	K 67747	Business Telephone	
TREASURER	100	em .		**.
Name Lebekah X	? Peterso -		Home Telephone	
Mailing Address (Stre	eet, City, State, Zip Code)	(7) 47	Business Telephone	
AFFILIATED OR CO	ONNECTED ORGANIZAT	IONS		

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."

1-30-02

(Date)

(Signature of Chairperson)