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DEC 9 2 2010 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)			
Mailing Address (Street, City, State, Zip Code) PO Box 56 Leaven worth, H5 Goyf) Name Leaven worth, H5 Goyf) None			
Mailing Address (Street, City, State, Zip Code) Business Telephone			
POBOX SG LEGUEN WSIVI, PIS GEORGE) MANE			
CHAIRPERSON			
Name Home Telephone (913) 727 1629			
JAMES PITIMAN (913) 727 1629			
Mailing Address (Street, City, State, Zip Code) Mailing Address (Street, City, State, Zip Code) Mailing Address (Street, City, State, Zip Code) Business Telephone (913) 727 1629 Business Telephone (913) 775 1620 TREASURER			
TREASURER			
Name Thomas N- Hoch Home Telephone (913) 682-3245			
11000			
Mailing Address (Street, City, State, Zip Code) S13 Olive Sh Le avenanth HS 66048 () none			
Mailing Address (Street, City, State, Zip Code) Business Telephone			
Mailing Address (Street, City, State, Zip Code) S13 Olive Sh. Le avenanth His Gover () none AFFILIATED OR CONNECTED ORGANIZATIONS Name			
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Mailing Address (Street, City, State, Zip Code) S13 ONWE Sh. LEGUER LIS GOUR () NORE AFFILIATED OR CONNECTED ORGANIZATIONS Name Hans, Demos rate Park Mailing Address (Street, City, State, Zip Code) POBON 1914 Topeha HS 6660 If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.			
Mailing Address (Street, City, State, Zip Code) S13 Olive Sh. Leavency Th. H.S. Gours () None AFFILIATED OR CONNECTED ORGANIZATIONS Name Mailing Address (Street, City, State, Zip Code) POBOX 1914 TOPOLE, H.S. 66601 If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors. SIGNATURE:			
Mailing Address (Street, City, State, Zip Code) S13 ONNE Sh. Leavency, th. H.S. Godf () None AFFILIATED OR CONNECTED ORGANIZATIONS Name Mailing Address (Street, City, State, Zip Code)			
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Mailing Address (Street, City, State, Zip Code) S13 Olive Sh. Leavency, Hrs. Gode (1) AFFILIATED OR CONNECTED ORGANIZATIONS Name Mailing Address (Street, City, State, Zip Code) Po Box 1914 Topeha Hrs. 6660\ 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			
Mailing Address (Street, City, State, Zip Code) S13 Olive Sh. Leavency, Hrs. Gode (1) AFFILIATED OR CONNECTED ORGANIZATIONS Name Mailing Address (Street, City, State, Zip Code) Po Box 1914 Topeha Hrs. 6660\ 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			

Governmental Ethics Commission

Rev.2000

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Campaign Finance Statement of Organization For Political Action Committees And Party Committees

Governmental Ethics Commission 109 W. 9th, Suite 504 Topeka, KS 66612 Phone (785) 296-4219 Fax (785) 296-2548 www.kansas.gov/ethics

This is a (Check one) | Party Committee ... PAC

This is an (Check one) [Initial Appointment Amended Statement

Committee Name: Leavenworth County Democrat Central Committee

Address: PO Box 56

Address2:

City: Leavenworth State: KS Zip: 66048

Business Phone:

Email Address: nepomuk@sbcglobal.net

Chairperson Name: Lamont Lane

Address: 3008 Garland St

Address2:

City: Leavenworth State: KS Zip: 66048 Home Telephone: Business Phone: Email Address: Ilane4@kc.rr.com

Treasurer Name: Thomas Koch

Address: 513 Olive St

Address2:

City: Leavenworth State: KS Zip:66048
Home Telephone: Business Phone:
Email Address: nepomuk@sbcglobal.net

Affiliated or Connected Organizations

ed Name: Addres

Address: Address2:

City: State: Zip:

If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the

contributors.

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.

Executed on:

Date: 7/26/2010 12:42:47 PM Signature of Chairperson: Thomas Koch

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JAN 0 5 2009 STATEMENT	OF ORGANIZATION	
FOR POLITICAL ACTION CON	MMITTEES AND PARTY COMMITTEES	
(See Rever	se Side For Instructions)	
	Committee Political Action Committee	
This is an (check one) Initia	Statement Amended Statement	
COMMITTEE (PLEAS)	E TYPE OR PRINT)	
Name		
Leavenworth County Democ		
Mailing Address (Street, City, State, Zip Code)	Business Telephone 66048 () none corrent	
PorBox 56 Leavenworth Ms	GOOD () Note College	
CHAIRPERSON		
Name	Home Telephone	
Timothy Moran	(913) 250-0064	
Mailing Address (Street, City, State, Zip Code) Business Telephone 103 (11) 104 (10) 206 (16) (10) (10) (10)		
103 willow, Lansing His	60093 () none	
TREASURER		
Name	Home Telephone	
Thomas Hoch	(913)682-3245	
Mailing Address (Street, City, State, Zip Code) Business Telephone 513 Olive St. Leaven worth, WS 66048 () none		
513 Olive St, Leavenworth, 1	15 66048 () none	
AFFILIATED OR CONNECTED ORGANIZAT	TONS	
Name Hunsas Democratic Part		
Mailing Address (Street, City, State, Zip Code)	7	
PO Box 1914 Topelia, HS	(6601	
	entify the trade, profession, or primary interest of the contributors.	
SIGNATURE:		
"I declare that this statement has been examined b	y me and to the best of my knowledge and	
belief is true, correct and complete. I understand or intentionally filing a false document is a class A	that the intentional failure to file this document	
JAN 3 2009 7	mor la Moran	
(Date)	(Signature of Chairperson)	
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