FILE DEC I	STATEMENT OF ORG	ANIZATION	
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ļ	$\boxed{\begin{array}{c} \text{(See Reverse Side Form}\\ \hline \\ \text{This is a (check one)} \\ \hline \\ \hline \\ \end{array}} Party Committee \\ \hline \\ \end{array}}$	Political Action Committee	
	This is an (check one) Initial Statement	Amended Statement	
COMM	ITTEE(PLEASE TYPE OR F	PRINT)	
Name	Lyon County Democratic Committee		
	Address (Street, City, State, Zip Code) Road N Emporia, KS 66801-8147	Business Telephone (620) 343-1072	
CHAIR	PERSON		
Name	Susan G. Fowler	Home Telephone (620) 343-1072	
	Address (Street, City, State, Zip Code) Road N Emporia, KS 66801-8147	Business Telephone (620) 342-4535	
TREAS	URER		
Name	William Ballard	Home Telephone (620) 343-2719	
Mailing	Address (Street, City, State, Zip Code) Watson Emporia, KS 66801	Business Telephone	
AFFILL	ATED OR CONNECTED ORGANIZATIONS		
Name			
Mailing	Address (Street, City, State, Zip Code)		
	nected or affiliated with an organization, identify the trade ters of the Democratic Party and its political cand		e contributo
SIGNAT	CURE:		
	e that this statement has been examined by me and to t rue, correct and complete. I understand that the inten		
	onally filing a false document is a class A misdemean		
<u>]2-1</u> (Date)	-07. (Signature	of Chairperson)	
,	,		Rev.20

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