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
(See Reverse Side For Instructions) RECEIVED   This is a (check one) Image: Party Committee Political Action Committee   This is an (check one) Initial Statement Amended Statement Auge: Party Committee   This is an (check one) Initial Statement Amended Statement Auge: Party Committee   COMMITTEE (PLEASE TYPE OR PRINT) Committee Auge: Party Committee
COMMITTEE (PLEASE TYPE OR PRINT)
Name McPherson County Democratic Central Commmittee
Mailing Address (Street, City, State, Zip Code)Business TelephonePO Box 236, McPherson, KS 67460-0236(620-) 307-0334
CHAIRPERSON
NameHome TelephoneJohn Patterson(620) 307-0334
Mailing Address (Street, City, State, Zip Code)Business Telephone315 N Main, Lindsborg, KS 67456()
TREASURER
NameHome TelephoneTeresa Loffer(785-) 906-0442
Mailing Address (Street, City, State, Zip Code)Business Telephone524 S Pine Street, Lindsborg, KS 67456()
AFFILIATED OR CONNECTED ORGANIZATIONS
Name Kansas Democratic Party
Mailing Address (Street, City, State, Zip Code) PO Box 1914 Topeka, KS 66601
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."
$\frac{A_{UG}}{(Date)} \frac{16}{2011} \frac{2011}{(Signature of Chairperson)}$

Governmental Ethics Commission

Rev.2000

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FOR POLEFEICAL ACTIO	N COMMITTEES AND PARTY COMMITTEES
	ee 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 McPherson Count	1 Democratic Central Committee
Mailing Address (Street, City, State, Zi	p Code) Business Telephone
1349 Suensk Rd. Lindsl	borg Ks (07456 ( (020 ) 245.7469
CHAIRPERSON	
Name Ryon Culey	Home Telephone $(785) 227 - 2557$
Mailing Address (Street, Çity, State, Zi	p Code) Business Telephone
1349 Svensk KJ. Lind	Isbrig Ks 107456 ( )
TREASURER	
Name Jayne Mortin	Home Telephone ()85) 227- <i>S</i> 114
Mailing Address (Street, City, State, Zi 321 Main St. 4	p Code) Business Telephone []
AFFILIATED OR CONNECTED ORC	
Name	
Kansas Lemoura	
Mailing Address (Street, City, State, Zi Box 1914 ( opelca	$I \leq (0460)$
If not connected or affiliated with an organi	zation, identify the trade, profession, or primary interest of the contributors.
SIGNATURE:	
	kamined by me and to the best of my knowledge and
or intentionally filing a false document i	nderstand that the intentional failure to file this document s a class A misdemeanor
11/17/2008	K. (le
(Date)	(Signature of Chairperson)