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STATEMENT OF	ORGANIZATION NO GOV	remmenues cínico Con M
FOR POLITICAL ACTION COMMI	TTEES AND PARTY CON	MITTEES
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(See Reverse Side This is a (check one) Party Commit		,
This is a (check one) Party Commit This is an (check one) Initial Statem		
		-
COMMITTEE (PLEASE TYP	E OR PRINT)	
Name Bourbon Co Demo	ocratic Centra	1 Comm
Mailing Address (Street, City, State, Zip Code)	Business Telephone	
10/0 Susan Quick 1595 maple	Pot (620) 253 Saptilla	3800 X16
CHAIRPERSON (Bourbon Co. Democra		
Name Shirley Palmer	Home Telephone (620)2234	4105
Mailing Address (Street, City, State, Zip Code)	Business Telephone	
1862 Eagle Rood. Fort-Scott	4, Rs. 66701 ()	
TREASURER (Bourbon Co. Democrats		· · · · · · · · · · · · · · · · · · ·
Name Susan Quick	Home Telephone	7440
Mailing Address (Street, City, State, Zip Code)	Business Telephone	;
1595 Maple Road. Fort Sco	177, KS. (620) 223 66701	3800
AFFILIATED OR CONNECTED ORGANIZATIONS	3	
Name		}
Mailing Address (Street, City, State, Zip Code)		
[
If not connected or affiliated with an organization, identify t	the trade, profession, or primary interes	est of the contributors.
SIGNATURE:		
"I declare that this statement has been examined by me	and to the best of my knowledge at	hd
belief is true, correct and complete. I understand that the or intentionally filing a false document is a class A miss		ument
1-7-11 21	hiles In land)	
(Date) (Si	ignature of Chairperson)	- 1
Governmental Ethics Commission	-	Rev.2000
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