	STATEMENT OF ORGANIZATION
	ECEIVED C POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES
	C @ 4 2012
	(See Reverse Side For Instructions)
(S Governme	ental Ethics Commission Image: Sign (check one) Party Committee Political Action Committee This is an (check one) Initial Statement Amended Statement AUG 23 2012
	This is an (check one) Initial Statement Amended Statement
COMMI	TTEE (PLEASE TYPE OR PRINT)
Name	Cherokee County Democrat Parety
Mailing A	Address (Street, City, State, Zip Code) 6982 NW 202 Scammen KS 66773 (620) 762-0220
	6982 NW 2072 Scammon KS 66713 (620) 762-0220
CHAIRP	ERSON
Name	Jim D. Oberbeck Home Telephone (420) 762-0220
Mailing A	Address (Street, City, State, Zip Code). G982 NW 20th Scannow KS (620) 762 - 0220
	6982 NW 20th Scammon KS (620) 762-0220
TREASU	IRER
Name	Patricia K Noe (620) 783-5781
Mailing A	Address (Street, City, State, Zip Code) 2638 Hickory Hills Ra Galera KS (620) 783-5363
	66739 TED OR CONNECTED ORGANIZATIONS
Name	
• .	
Mailing A	Address (Street, City, State, Zip Code)
If not conne	ected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.
SIGNAT	IDD:
	that this statement has been examined by me and to the best of my knowledge and
belief is tr	ue, correct and complete. I understand that the intentional failure to file this document
or intentio	onally filing a false document is a class Amisdemeanor."
(Date)	<u>(Signature of Chairperson)</u>
(Duic)	(Signatare of Champerson)

JUL 1 5 2008 STATEMENT OF ORGANIZATION RON THORINEURGH SECREFOR POLITICAL ACTION COMMITTEES AND PART			
(See Reverse Side For Instructions)			
This is a (check one)Party CommitteePolitical ActionThis is an (check one)Initial StatementAmended State			
COMMITTEE (PLEASE TYPE OR PRINT)			
Name Cherokee County Democrat Part	Telephone		
PO Box 306 Columbus Ks 66725 ()			
	429-3690		
	Telephone		
1 PO Box 306 Columbus, KS 106725 (620)	762-6076		
TREASURER			
Name Home Tele Patricia Noe (620)	-		
	Telephone		
2638 Hickory Hills Road (620)	783 5363		
AFFILIATED OR CONNECTED ORGANIZATIONS			
Name			
Mailing Address (Street, City, State, Zip Code)			
If not connected or affiliated with an organization, identify the trade, profession, or prin	mary interest of the contributors.		
SIGNATURE: "I declare that this statement has been examined by me and to the best of my known belief is true, correct and complete. I understand that the intentional failure to fill or intentionally filing a false document is a class A misdemeanor." $\frac{-7.//4}{(Date)}$	-		
Governmental Ethics Commission	Rev.2000		