

Changes are highlighted.

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

| | | |
|------------------------|---|---|
| This is a (check one) | <input checked="" type="checkbox"/> Party Committee | <input type="checkbox"/> Political Action Committee |
| This is an (check one) | <input type="checkbox"/> Initial Statement | <input type="checkbox"/> Amended Statement |

COMMITTEE (PLEASE TYPE OR PRINT)

| | |
|--|---------------------------------------|
| Name Ellis County Democratic Party | |
| Mailing Address (Street, City, State, Zip Code) P.O. Box 934; Hays, Ks. 67601 | Business Telephone (785) 623 7430 |

CHAIRPERSON Glenn D. Staab

| | |
|--|---------------------------------------|
| Name Glenn D. Staab | Home Telephone (785) 623 7430 |
| Mailing Address (Street, City, State, Zip Code) 3328 Lincoln Dr; Hays, KS 67601 | Business Telephone (785) 623 7430 |

TREASURER

| | |
|---|---------------------------------------|
| Name Harriet Caplan | Home Telephone (785) 628 2677 |
| Mailing Address (Street, City, State, Zip Code) 2003 Main St; Hays, Ks 67601 | Business Telephone (785) 628 2677 |

AFFILIATED OR CONNECTED ORGANIZATIONS

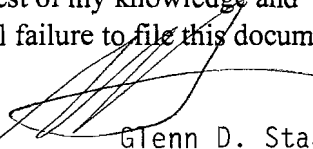
| |
|---|
| Name |
| Mailing Address (Street, City, State, Zip Code) |

If not connected or affiliated with an organization, identify the trade, profession, or 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."

6/9/08
(Date)


(Signature of Chairperson)