

FILED

APR 05 2004

RON THORNTON
SECRETARY OF STATE

STATEMENT OF ORGANIZATION

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 <i>Ellsworth County Democratic Party</i>	
Mailing Address (Street, City, State, Zip Code) <i>1016 Ave J, Ellsworth Ks, 67439</i>	Business Telephone <i>(785) 472-5490</i>

CHAIRPERSON

Name <i>Clara E McCoy</i>	Home Telephone <i>(785) 472-3430</i>
Mailing Address (Street, City, State, Zip Code) <i>P.O. Box 453 Ellsworth, Ks 67439</i>	Business Telephone <i>()</i>

TREASURER

Name <i>Paula Schneider</i>	Home Telephone <i>(785) 472-4568</i>
Mailing Address (Street, City, State, Zip Code) <i>1985 Ave K Kanopolis, Ks 67454</i>	Business Telephone <i>(785) 472-4152</i>

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."

4-1-2004
(Date)

Clara E McCoy
(Signature of Chairperson)