STATEMENT OF ORGANIZATION

FOR PC	LITICAL ACT	ON COMMITT	EES AND	PARTY COM	
		(See Reverse Side Fo	or Instructions)		FILED
•	This is a (check one)	Party Committee		al Action Committee	AUG 0 6 2012
•	This is an (check one)	Initial Statement	<u> </u>	ded Statement	
				·	KRIS W. KOBACH SECRETARY OF STATE
COMMITTEE	<u> </u>	(PLEASE TYPE (OR PRINT)	· · · · · · · · · · · · · · · · · · ·	THE STAIL
Name Hav	vey Count	y Democu	atic Co	entral Cou	nmittee
Mailing Addre	ess (Street, City, State	, Zip Code) , HALSTEAD	, K5 (usiness Telephone	· .
CHAIRPERSO		<u> </u>	62056	· · · · · · · · · · · · · · · · · · ·	
Name KEN	WETH G. W	IALSH		me Telephone 316) &35-	2307
Mailing Addre	ess (Street, City, State Ping LN., HA	, Zip Code) LSTEAD, KS. 6	2056 (-	usiness Telephone	
TREASURER					· ·
Name Je	ean N. Fav	rar		me Telephone 316) 283	-0078
_	ess (Street, City, State			usiness Telephone	·
AFFILIATED	OR CONNECTED C	ORGANIZATIONS			
Name				,	
Mailing Addre	ess (Street, City, State	, Zip Code)	<u> </u>		
If not connected	or affiliated with an org	ganization, identify the	trade, professio	n, or primary interes	at of the contributors.
belief is true, c	this statement has bee orrect and complete. If filing a false docume	I understand that the intention is a class A misder	ntentional fail	ure to file this docu	
(Date)		(Sign	ature of Chair	person)	
Governmental I	Ethice Commission				Rev 2000

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

REC	EIVED
(See Reverse Side For Instructions)	
This is a (check one) Party Committee Political Action Committee	262012
This is an (check one) Initial Statement Amended Statement Covern	al Guasa Commis
COMMITTEE (PLEASE TYPE OR PRINT)	_
Name HARVEY COUNTY DEMOCRETS	
Mailing Address (Street, City, State, Zip Code) Business Telephone	
CHAIRPERSON	
Name KENNETH G. WALSH Home Telephone (316) 835-23	07
Mailing Address (Street, City, State, Zip Code) 9201 EPPING LN, HALTEAD, KS. 62056 () Business Telephone	
TREASURER	
Name JEAN FARRAR Home Telephone (316) 283-00	<i>⇒78</i>
Mailing Address (Street, City, State, Zip Code) 20 W. 975 St., NEWTOP, KS 67114 ()	
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name KANSAS STATE DEMOCRATIC PARTY	,
Mailing Address (Street, City, State, Zip Code) 700 SW JACKSON ST, SOCTE 706, TOPEKE, K5 666	وه
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the	
	
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."	
(Date) (Signature of Chairperson)	
(Date) (Signature of Chairperson)	
Governmental Ethics Commission	Rev.2000

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

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 Harvey County Democrate Central Committee
COMMITTEE (PLEASE TYPE OR PRINT) Name
Name
Name
Harvan County Democratic Central Committee
Mailing Address (Street, City, State, Zip Code) 920 Epping Lane Nalstead Ks 67056) 316-835 2307 Home
120 pping care in als case 43 6 100 6 100 500 7 1.0
CHAIRPERSON
Name Home Telephone
Kenneth G Walsh (316) 835-2307
Mailing Address (Street, City, State, Zip Code) Business Telephone
9201 Epping Lane Halstead Ka 67056 ()
TREASURER
Name Home Telephone
Barbara J. Stout (316) 283-8599
Mailing Address (Street, City, State, Zip Code) Business Telephone
427. W. 42 Newton Ks 67114 ()
AFFILIATED OR CONNECTED ORGANIZATIONS
Name
Kansas Democratic Party
Mailing Address (Street, City, State, Zip Code)
KDP. POBOX 1914 TOPEKA, KS 6660
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in not connected of armiated with an organization, identity the trade, profession, or primary interest of the contributors.
SIGNATURE: "I dealers that this statement has been examined by me and to the best of my linearledge and
"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."
(Date) (Signature of Chairperson)
Governmental Ethics Commission Rev.2000