FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES (See Reverse Side For Instructions) This is a (check one) Party Committee Political Action Committee Amended Statement Initial Statement This is an (check one) COMMITTEE (PLEASE TYPE OR PRINT) Name Mailing Address (Street, City, State, Zip Code) Business Telephone **CHAIRPERSON** Home Telephone BRANHAM (760)712-7602 Mailing Address (Street, City, State, Zip Code) Business Telephone 1330 CR 2400 Havana KS 67347 TREASURER Home Telephone Name (le20) 570-5 Mailing Address (Street, City, State, Zip Code) Business Telephone AFFILIATED OR CONNECTED ORGANIZATIONS Name Kansas 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." Governmental Ethics Commission Rev.2000

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

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FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES 12
(See Reverse Side For Instructions)
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 Montgomery County Democrat Control Committee
Mailing Address (Street, City, State, Zip Code) 815 East 4th St. Chenny rol (1)
CHAIRPERSON
Name Jo Ann Mc Dowell (620) 702-6066
Mailing Address (Street, City, State, Zip Code) 815 Bast 4th St. Chonnyr bl. K. 47335 620305-9249
TREASURER
Name Richard Bushman Home Telephone (620)336-3410
Mailing Address (Street, City, State, Zip Code) Business Telephone (620) 332-952/
AFFILIATED OR CONNECTED ORGANIZATIONS
Name Kansus State Democrat Party
Mailing Address (Street, City, State, Zip Code) P.O. Box 1919 Popular, KANSAS 6660
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?"
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(Date) (Signature of Chairperson)
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DEC 0 9 2011

KRIS W. KOBACH SECRETARY OF STATE

December 7, 2011

Ms. Jo Ann McDowell Chairperson, Montgomery County Central Democratic Committee 815 East 4th Cherryvale, KS 67335

SUBJECT: Resignation

Ms McDowell,

This is to notify you of my resignation from my elected position as Treasurer of The Montgomery County Central Democratic Committee, effective Dec. 31, 2011.

Attached is a copy of an up-to-date report submitted to the Kansas State Secretary of State, indicating the current status of the income and expenses of the Montgomery County Central Democratic Committee as of Dec. 07, 2011.

Sincerely,

Winnie Jackson

407 Penn

Coffeyville, KS 67337

Cc: State of Kansas Secretary of State Memorial Hall, 1st Floor Topeka, KS 66612-1594

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)	RECEIVED
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COMMITTEE (PLEASE TYPE OR PRINT)	KRIS W. KOBACH SECRETARY OF STAT
Name Montgomery County Democrat Centra	of ammittee
Mailing Address (Street, City, State, Zip Code) 815 F 4 St., Chekky V plo Rs 67333	
CHAIRPERSON	
Name Jo Ann C. Mc Dowell Home Telephone (620) 702	-6066
Mailing Address (Street, City, State, Zip Code) Business Telephone S 5 67335 (Business Telephone) S 67335 (Business Telephone) Business Telephone S 67335 (Business Telephone) S 6735 (Business Telephone) S 6735 (Business Telephone) S 6735 (Business Telephone) S 6735 (Business Telephone) S 673	e .
TREASURER	
Name Home Telephone ()	
Mailing Address (Street, City, State, Zip Code) Business Telephon 67337(620) 351-	
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name KANSUS DemocRAT PARTY	
Mailing Address (Street, City, State, Zip Code) 700 SW Tockson St. # 706, Topolen, Is 6	66603-3787
If not connected or affiliated with an organization, identify the trade, profession, or primary inter	rest of the contributors.
SIGNATURE: "I declare that this statement has been examined by me and to the best of my knowledge a belief is true, correct and complete. I understand that the intentional failure to file this do or intentionally filing a false document is a class A misdemeanor." (Date) (Signature of Chairperson)	
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_	ess (Street, City, State †1 Coffeyville, KS 67	- ,	Business Tele	ephone	
CHAIRPERSO	ON				<u> </u>
Name	h Thomas		Home Telepho (620) 25	one 513244	
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