

FILED

JUL 22 2010

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 checked="" type="checkbox"/> Initial Statement	<input type="checkbox"/> Amended Statement

COMMITTEE (PLEASE TYPE OR PRINT)

CENTRAL

Name MORRIS COUNTY DEMOCRAT COMMITTEE

Mailing Address (Street, City, State, Zip Code) Business Telephone

CHAIRPERSON

Name DELLA ORTON Home Telephone (620) 767-4068

Mailing Address (Street, City, State, Zip Code) Business Telephone 1386 S 100 Rd Council Grove, KS 66846-8358

TREASURER

Name SUSAN N. MULRAN Home Telephone (785) 482-3266

Mailing Address (Street, City, State, Zip Code) Business Telephone PO BOX 173 DWIGHT 66849

AFFILIATED OR CONNECTED ORGANIZATIONS

Name ~~SUSAN N. MULRYAN~~

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."

July 20, 2010 (Date)

Della Orton (Signature of Chairperson)