STATEMENT OF ORGANIZATION				
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES				
(See Reverse Side For Instructions)				RECEIVED
· .	This is a (check one)	Party Committee	Political Action Committee	
	This is an (check one)	Initial Statement	Amended Statement	OCT 0 1 ZUIU
				mmental Etnics Commissio
COMMITTEE		(PLEASE TYPE O	<u>R PRINT)</u>	
Name OSAGE DEMOCRATIC CENTRAL COMMITTEE				
Mailing Addre	ss (Street, City, State	e, Zip Code)	$\frac{118742}{1186} (1010011)$ Business Telephone (1785) 828-	
23960 S. LEWELLING IPD (785)828-4697 LYNDAN, KS 66451 CHAIRPERSON				
Name JUL	IA DAVIS	· · · · · · · · · · · · · · · · · · ·	Home Telephone (785) 828-	4446
Mailing Address (Street, City, State, Zip Code)Business Telephone22590 MELODY LANE(785) - 528- 3				31:05
NASSAR, KS 66543 TREASURER				
Name CARRO	OL NILES	HENDERS	Home Telephone 0人 (785) をつき-	4697
Mailing Address (Street, City, State, Zip Code) Business Telephone Business Telephone Business Telephone				
LYNDON, IS 66451 DIETITIAN AFFILIATED OR CONNECTED ORGANIZATIONS				
Name				
Mailing Addro	ss (Street, City, State	Zin 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."				
$\frac{11}{(Date)} - \frac{1}{2}$)	(Signat	ure of Chairperson)	2
Governmental F	thics Commission	\checkmark		Rev.2000