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SEP 2 4 20 RON THORNE SECRETARY OF	LITICAL ACT	ON COMMITTEE	S AND PARTY COM	MITTERSVED
_		(See Reverse Side For Ins		SEF 2/2/2008
	This is a (check one) This is an (check one)	Party Committee Initial Statement	Political Action Committee Amended Statement	Bovernmanta, Europ Comm
COMMITTEE	<u> </u>	(PLEASE TYPE OR P	RINT)	
Name Saline	e County D	emocrots		
Mailing Addres	ss (Street, City, State,		Business Telephone	
CHAIRPERSO)N		•	
Name Shirle	ey J. Jacque	: :	Home Telephone (785) 823-	2676
Mailing Addres	(Street, City, State, Republic, E	Zip Code) Salina 67401	Business Telephone	
TREASURER				
Name anic	i Morris		Home Telephone (785) 667-	2885
Mailing Addres しょう	ss (Street, City, State, 19 W. Falun	Zip Code) Rd. Assaria 67	Business Telephone	
AFFILIATED (OR CONNECTED O	RGANIZATIONS		
Name				
Mailing Address	s (Street, City, State,	Zip Code)		
If not compared or	m official with an ana			of the contributors
			profession, or primary interest	——————
belief is true, cor	rect and complete. I	-	ne best of my knowledge and onal failure to file this docum	nent
$\frac{O9-20-08}{\text{(Date)}}$	<u>F</u>	Auto (Signature	Signairperson)	-
Governmental Eth	hics Commission	·	V	Rev.2000