## STATEMENT OF ORGANIZATION

## FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)	
This is a (check one) Party Committee Po	litical Action Committee
This is an (check one) Initial Statement A	mended Statement
COMMITTEE (PLEASE TYPE OR PRINT)	<u> </u>
Name SUM NER COUNTY DEMECRATION PORTY	
Mailing Address (Street, City, State, Zip Code)	Business Telephorie
1513 W 8 Welling TON KS 67002	420 399- 3035
CHAIRPERSON	
Name \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Home Telephone
	(670) 316-5636
Mailing Address (Street, City, State, Zip Code)	Business Telephone (620) 399-3035
17/3 MIL 8 - LIOX 143 WELLINGTON 95	021) 1 347- 7635)
TREASURER	
Name	Home Telephone
HOY COX	(620) 326 - 3046
Mailing Address (Street, City, State, Zip Code) 2067152 4/6 5: 6 5T Welli Nator (RS)	Business Telephone
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name /	
JUNINER COUNTY DEMOCRATIC PARTY	
Mailing Address (Street, City, State, Zip Code)	
PO.BOX 145 WELLINGTON KS 67152	
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."	
(Date) (Signature of Ch	owe
(Date) (Signature of Cha	airperson)
Governmental Ethics Commission	Rev.2000