## STATEMENT OF ORGANIZATION

RECEIVED

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES
(See Reverse Side For Instructions)  (See Reverse Side For Instructions)
(See Reverse Side For Instructions)  This is a (sheet are) Porty Committee Religion Committee
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 Sell and County Democratic Contract Committee
Mailing Address (Street, City, State, Zip Code)  Business Telephone  LION, Pepthing Liberal Vis (620) 67401  CHAIRPERSON  Business Telephone  67901  67901  67901
CHAIRPERSON 234 Liberen 2 Vis. 67901 67901
Name Home Telephone (620) 624 - 6504
Mailing Address (Street, City, State, Zip Code)  110 W. Fenshiwa, Libert (City)  Business Telephone
TREASURER
Name Linda Miller (474) 844 8450
Mailing Address (Street, City, State, Zip Code)  Holl or Shereman Liberal My
AFFILIATED OR CONNECTED ORGANIZATIONS
Name Kindsas Demockat Panty
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."
(Date)  Signature of Chairperson)
Governmental Ethics Commission Pay 2000