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SECRETARY OF STAT

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| FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES |
| |
| (See Reverse Side For Instructions) |
| 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 Mornas County Democratic Committee |
| Mailing Address (Street, City, State, Zip Code) Name Committee Business Telephone 1104 Court Place Colby KS 10701 (785) 462 = 2950 |
| CHAIRPERSON |
| Name Home Telephone. (785) 586-2240 |
| Mailing Address (Street, City, State, Zip Code) Business Telephone () MIA |
| TREASURER |
| Name Home Telephone (785) 462-2950 |
| Mailing Address (Street, City, State, Zip Code) Business Telephone 1104 Court Place Colby KS 67701 (785) 462-4500 |
| AFFILIATED OR CONNECTED ORGANIZATIONS |
| Name Kansas Permocratic Party |
| Mailing Address (Street, City, State, Zip Code) PO Boy 1914 Tope Kg KS 66601 |
| f 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." |
| N-2-02 |
| (Date) (Signature of Chairperson) |
| Pay 2000 |