## STATEMENT OF ORGANIZATION

## FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)  This is a (check one)  Party Committee  Political Action Committee	
This is a (check one) Party Committee	Political Action Committee
This is an (check one) Initial Statement	Political Action Committee  Amended Statement  PRINT)  ARECEIVELY  SEP 19 2014  Vernmental Ethics Committee  OR PRINT)
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COMMITTEE (PLEASE TYPE O	R PRINT)
Name Anderson County Democratic Central Committee	
Mailing Address (Street, City, State, Zip Code) 418 W 5th Ave, Garnett, KS, 66032	Business Telephone
CHAIRPERSON	
Name Katherine Waring	Home Telephone ( 785 ) 448-3673
Mailing Address (Street, City, State, Zip Code) 311 W 6th Ave, Garnett, KS, 66032	Business Telephone
TREASURER	
Name Leslea Rockers	Home Telephone ( 785 ) 448-3373
Mailing Address (Street, City, State, Zip Code) 418 W 5th Ave, Gamett, KS, 66032	Business Telephone
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name	
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."	
09/18/2014 <u>KONVIVI</u> (Date) (Signat	ture of Chairperson)
Governmental Ethics Commission	Rev.2000