STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)							
	This is a (check one)	Party Committee	Political Act	tion Committee			
	This is an (check one)	Initial Statement	Amended S	Statement			
COMMITTEE (PLEASE TYPE OR PRINT)							
Name Logan County Democratic Central Committee							
Mailing Address (Street, City, State, Zip Code) 2015 (edar Crest, Monument, KS (785) 846-7834)							
CHAIRPERSO		<u></u> _					
Name Rebekah D. Peterson				Telephone) S44-	7834		
Mailing Addre	ss (Street, City, State,	Zip Code)	Busine	ess Telephone			
	,	,					
Name (in	n Peterson		Home T	Celephone) 846	783 4		
Mailing Addre 2015 (≥0	ss (Street, City, State,	Zip Code)	Busine	ess Telephone			
AFFILIATED	OR CONNECTED O	RGANIZATIONS					
Name Kansas Democratic Party							
Mailing Address (Street, City, State, Zip Code) PO Box 1914 Tope ka KS 66601							
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."							
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,		(Signature	or Champerso	עני)			
Governmental E	thics Commission				Rev.2000		

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	(12(3F))	S AND PARTY COMMITTEES
	This is a (check one) Party Committee This is an (check one) Initial Statement	Political Action Committee Amended Statement
	COMMITTEE (PLEASE TYPE OR P.	RINT)
	Name Logan County Democratic	Central Committee
	Mailing Address (Street, City, State, Zip Code) 677	47 Business Telephone (785) 841-783()
	CHAIRPERSON	<u> </u>
	Name Tin Peterso-	Home Telephone
	Mailing Address (Street, City, State, Zip Code) 2015 Cedar (vod Monument & 6774	Business Telephone
	TREASURER	
	Name Lebekah J. Peterso-	Home Telephone ()
	Mailing Address (Street, City, State, Zip Code) 2015 Codor (rost Monuno-t, K) 677 47	Business Telephone
ı		

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."

1-30-02

(Signature of Chairperson)

Governmental Ethics Commission

Rev.2000