## STATEMENT OF ORGANIZATION

FILED

DEC 01 2014

## FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES KRIS W. KOBACH SECRETARY OF STATE

Rev.2000

(See Reverse Side For Instructions)								
	This is a (check one)	✓ Party Committee	Political Action	on Committee				
	This is an (check one)	Initial Statement	Amended Sta	itement				
			_ <del>_</del>					
COMMITTEE (PLEASE TYPE OR PRINT)								
Name Saline	County Democrats	_						
	ess (Street, City, State, o, Salina, KS 67401	Zip Code)	Busines (785	s Telephone ) 825-7478				
CHAIRPERSO	ON							
Name Phil Bl	lack		Home Te ( 785	elephone ) 342-2452				
	ess (Street, City, State, blic Avenue	Zip Code)		s Telephone ) 342-2452				
TREASURER				Sec	<u>:</u>			
Name Gary I	L. Martens	, 	Home Te	elephone ) 826-7576	S			
Mailing Addre 821 Highla	ess (Street, City, State, and Ave, Salina, KS	Zip Code) 67401	Busines (785	s Telephone ) 823-1938	3			
AFFILIATED	OR CONNECTED O	RGANIZATIONS						
Name Kansa	s Democratic Party							
_	ess (Street, City, State, 4, Topeka, KS 6660	• •						
If not connected	or affiliated with an org	anization, identify the	rade, profession, or p	orimary interest	of the contributors.			
	<del></del>		<u> </u>					
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)								
(200)		(Signi	or chaiperson	<del>-</del> /				

Governmental Ethics Commission

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SEP 2 4 20 RON THORNE SECRETARY OF	LITICAL ACT	ION COMMITTEES	S AND PARTY COM	IMITTEES VED
		(See Reverse Side For Ins	tructions)	SEF 2 2 2008
	This is a (check one) This is an (check one)	Party Committee  Initial Statement	Political Action Committee  Amended Statement	Bovernmehida barus Grim
COMMITTEE		(PLEASE TYPE OR P	RINT)	
Name Saline	e County I	permicrots		
Mailing Addres	ss (Street, City, State		Business Telephone	
CHAIRPERSO	N			
Name Shirle	ey J- Jacqu	45	Home Telephone (785) 823-	2676
Mailing Addres	Street, City, State	, Zip Code) Salına 67401	Business Telephone	
TREASURER				
Name Janic	i Morris		Home Telephone (785) 667-	2885
Mailing Addres 12コ	ss (Street, City, State	, Zip Code) Rd. Assaria 671	Business Telephone	
AFFILIATED (	OR CONNECTED C	PRGANIZATIONS		
Name				
Mailing Address	s (Street, City, State	Zip Code)		
If not connected or	r affiliated with an org	ganization, identify the trade,	profession, or primary interest	t of the contributors.
belief is true, cor	rect and complete.	•	e best of my knowledge and onal failure to file this docurr."	
$\frac{O9 - 20 - 08}{\text{(Date)}}$	<u>F</u>	Chuling (Signature	Scgue Schairperson)	-
Governmental Eth	hics Commission	•	<i>i</i>	Rev.2000