#### STATEMENT OF ORGANIZATION

JAN 262017

KS Governmenta across Co nmission

## 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 Barton County Bemocrat Party
Name Barton County Democrat Party  Mailing Address (Street, City, State, Zip Code)  59 5W 110 Ave, Pawnee Rock, Ks (5567 Business Telephone)  785-760-6278
CHAIRPERSON
Name Jaime C. Abel Home Telephone (785) 760-6278
Mailing Address (Street, City, State, Zip Code) 67567 Business Telephone 59 5W 110 Ave Pawnee Rock, K5 (620) 792-9269
TREASURER
Richard L. Abel Home Telephone (620) 617-8826
Mailing Address (Street, City, State, Zip Code) 67567 Business Telephone 59 SW 110 Ave, Pawnee Rock, KS (\$20) 792-9333
AFFILIATED OR CONNECTED ORGANIZATIONS
Name Kansas Democratic Party
Mailing Address (Street, City, State, Zip Code) PO Box 1914 Topelen, 155 Gele 101
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."
1-21e-17 James Chairmanan
(Date) (Signature of Champerson)  Rev. 2000

# STATEMENT OF ORGANIZATION

### FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

	(Se	e Reverse Side For Instru	ctions) RE	CEIVED
	This is a (check one)  This is an (check one)	Party Committee Initial Statement		122016
COMMITTE	3	(PLEASE TYPE OR PRI	NT)	- William
Name Bar	ton County Democr	at Central Commit	tee	
	ess (Street, City, State, Zi 9 12th St., Great		Business Telephone ( ) N/A	
CHAIRPERS	ON			
Name Brock R. McPherson			Home Telephone (620 ) 793-4021	
	ess (Street, City, State, Zi 5 Broadway, Great		Business Telephone ( 620 ) 793-3420	
TREASURE	(			
Name Joe	1 Jackson		Home Telephone	
A STATE OF THE PARTY OF THE PAR	ess (Street, City, State, Zi		Business Telephone (620) 792-7452	
AFFILIATED	OR CONNECTED ORC	ANIZATIONS		
Name Kans	as Democrat Party			
THE RESERVE THE PARTY OF THE PA	ess (Street, City, State, Zi Box 1914 Topeka,	The state of the s		
f not connected	or affiliated with an organi	zation, identify the trade, pr	rofession, or primary interest of th	e contributo
SIGNATURE	:			
			best of my knowledge and nal failure to file this document	
	filing a false document i			
9/1/1	4	Brent &	Me Therson	
(Date)/		(Signature of	Chairperson)	
a warran mendense	Ethics Commission			Rev.200

## STATEMENT OF ORGANIZATION

#### FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMIT	HARWED
toccite terminal	PR 272016
This is a (check one)  Party Committee  Political Action Committee	iental cinics Commi
This is an (check one) Initial Statement Amended Statement	
COMMITTEE (PLEASE TYPE OR PRINT)	
	<del></del>
Name BRION GUNTY DEMORATIC GASOL GRAHA	
Mailing Address (Street, City, State, Zip Code)  3108 / 6 CODE OF	
CHAIRPERSON (753)	
Name BRock McMesel Home Telephone (62) 793 9273	,
Mailing Address (Street, City, State, Zip Code)  Business Telephone  2715 BR SADWAY GREAT BEM MS (62) 793 34	
TREASURER (156	
Name  JOE B SACHSON  Home Telephone (62) 285572	
Mailing Address (Street, City, State, Zip Code)  Business Telephone  308 16M, WEATBEND WS 6757 (620) 152.7412	
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name BATW GUNY DEMUCRATIC MANY	
Mailing Address (Street, City, State, Zip Code)  2715 RUM WAY, MENT GEND IS (757)	
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	I
or intentionally filing a false document is a class A misdemeanor."	
4-25/1	
(Date) (Signature of Chairperson)  THENJULY	Rev.2000

FEB 20 2012

# STATEMENT OF ORGANIZATION (SE GOVERNMENT LESSO CONTROLS FOR

FOR PC	LITICAL ACTI	ON COMMITTEES	S AND PARTY COMMI	TTEES
. ,	,	(See Reverse Side For Ins	structions)	u.
	This is a (check one)	Party Committee	Political Action Committee	*
	This is an (check one)	Initial Statement	Amended Statement	
COMMITTEE		(PLEASE TYPE OR P	RINT)	
Manua	MINN GI		CLAT	
Mailing Addre		Zip Code) 5 4 1 3 9 3 2 1 8 16 14		12
CHAIRPERSO		MEMILIE GIS		
Name / Rech	MePheDo		Home Telephone (UZ) 793 923	7
Mailing Addres	ss (Street, City, State, h <i>Chieot GeM, h</i>	Zip Code) i ケムカイン	Business Telephone	د
TREASURER				٠
Name	D SACK	IeN .	Home Telephone ( 62) 2 938/61	
	ss (Street, City, State, 2	Zip Code)	Business Telephone (62)7927412	, ,
AFFILIATED (	OR CONNECTED OF	RGANIZATIONS		
Name	· •	, in the second		
Mailing Addres	ss (Street, City, State, 2	Zip Code)		
If not connected o	or affiliated with an orga	mization, identify the trade,	profession, or primary interest of the	ne contributors.
· -		· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,	
SIGNATURE:	.*			
belief is true, co	rrect and complete. In	· ·	he best of my knowledge and ional failure to file this document	· -
<u> 2 15-/2</u>		/,	1/1	
(Date)		(Signatúré	of Chairperson)	·
Governmental Et	thics Commission	<i>5.</i> 4 .	IREMNEUR	Rev.2000