

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

This is a (check one)	<input checked="" type="checkbox"/> Party Committee	<input type="checkbox"/> Political Action Committee
This is an (check one)	<input checked="" type="checkbox"/> Initial Statement	<input checked="" type="checkbox"/> Amended Statement

COMMITTEE

(PLEASE TYPE OR PRINT)

KS Form 7000-10

Name	Central Committee (Clark County)	
Mailing Address (Street, City, State, Zip Code)	PO Box 792 Ashland KS	67831 Business Telephone ()

CHAIRPERSON

Name	Hilary Foster	Home Telephone	(620) 635-2626
Mailing Address (Street, City, State, Zip Code)	PO Box 792 Ashland KS	Business Telephone	(67831)

TREASURER

Name	Diana Redger	Home Telephone	(620) 635-2546
Mailing Address (Street, City, State, Zip Code)	PO Box 122 Ashland KS	Business Telephone	67831 ()

AFFILIATED OR CONNECTED ORGANIZATIONS

Name	Kansas Democratic Party Clark County Democrats	
Mailing Address (Street, City, State, Zip Code)	PO Box 1914, Topeka, KS	666601
	PO Box 792 Ashland, KS	67831

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."

8.22.16
(Date)

Hilary Foster
(Signature of Chairperson)

STATEMENT OF ORGANIZATION

RECEIVED

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

KS Governmental Ethics Commission

This is a (check one)	<input checked="" type="checkbox"/> Party Committee	<input type="checkbox"/> Political Action Committee
This is an (check one)	<input type="checkbox"/> Initial Statement	<input checked="" type="checkbox"/> Amended Statement

COMMITTEE (PLEASE TYPE OR PRINT)

Name <i>Clark County Democrats</i>	
Mailing Address (Street, City, State, Zip Code) <i>PO Box 792 Ashland KS 67831</i>	Business Telephone ()

CHAIRPERSON

Name <i>Hilary Foster</i>	Home Telephone (<i>620</i>) <i>635-2626</i>
Mailing Address (Street, City, State, Zip Code) <i>Box 792 Ashland KS 67831</i>	Business Telephone ()

TREASURER

Name <i>Diana Redge</i>	Home Telephone (<i>620</i>) <i>635-2546</i>
Mailing Address (Street, City, State, Zip Code) <i>PO Box 122 Ashland KS 67831</i>	Business Telephone ()

AFFILIATED OR CONNECTED ORGANIZATIONS

Name
Mailing Address (Street, City, State, Zip Code)

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Democratic Party

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."

8-17-15
(Date)

Hilary Foster
(Signature of Chairperson)