STATEMENT OF ORGANIZATION					
FOR PC	DLITICAL ACT	ION COMMITTE	EES AND PARTY COM	IMITTEES	
		(See Reverse Side For	Instructions)	RECEIVED	
	This is a (check one)	Party Committee	Political Action Committee	AN 23 2014	
	This is an (check one)	Initial Statement	Amended Statement		
COMMITTEE	2	(PLEASE TYPE OI	PRINT)	nentai Ethics Commis	
 Name	/ County Democrat	·`			
	ess (Street, City, State ewis PO Box 473 L		Business Telephone		
CHAIRPERS	ON				
Name Janet	L. Lewis		Home Telephone ( 620 ) 794-3138	3	
Mailing Address (Street, City, State, Zip Code)BusinePO Box 473 Lebo, KS 66856-0473(					
TREASURER	·				
Name Linda	Peterson		Home Telephone ( 620 ) 364-349	8	
Mailing Addre 1080 SE P	ess (Street, City, State, lanter Rd Burlingto	, Zip Code) n, KS 66839	Business Telephone ( )		
AFFILIATED	OR CONNECTED C	DRGANIZATIONS			
Name					
Mailing Addre	ess (Street, City, State,	, Zip Code)			
			ade, profession, or primary interes		
belief is true, co	his statement has been orrect and complete.		to the best of my knowledge and tentional failure to file this docu eanor."		
Jan 21,2 (Date)	014	Janeta	Lewis ure of Chairperson)		
Governmental F	othics Commission	(0	£ Z	Rev.2000	

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STATEMENT OF ORGANIZATION RE	ECEIVED
FOR POLITICAL ACTION COMMITTEES AND PARTY COMM	TTEES)?
(See Reverse Side For Instructions)	ntal Ethics Commission
This is a (check one) A Party Committee Political Action Committee	
This is an (check one) Initial Statement Amended Statement	
COMMITTEE (PLEASE TYPE OR PRINT)	
Name COFFEY COUNTY DEMOCRATEC CENTRAL COM	METTER
Mailing Address (Street, City, State, Zip Code) Business Telephone Business Telephone Business Telephone	
CHAIRPERSON	
Name Home Telephone Tenet Lewis (620) 754-3138	2
Mailing Address (Street, City, State, Zip Code)Business TelephoneP & Bax 473Lebo, 14 4454()	
TREASURER	
Name Home Telephone Georgie Eggleston (1,20) 9/44-2	523
Mailing Address (Street, City, State, Zip Code) 326 'E' St Le Roy K 16(257()	
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name D D D	
Name Kansas Demecratic Party	
Mailing Address (Street, City, State, Zip Code)	
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of t	he 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 documen or intentionally filing a false document is a class A misdemeanor."	t
(Date) (Signature of Chairperson)	
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