

JUN 04 2014
KS Governmental Ethics Commission

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 type="checkbox"/>	Initial Statement	<input checked="" type="checkbox"/>	Amended Statement

COMMITTEE

(PLEASE TYPE OR PRINT)

Name Decatur County Democratic Central Committee

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

Business Telephone

CHAIRPERSON

Name Bob Strevey

Home Telephone
(785) 693-4597

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

Business Telephone

PO Box 204 Morristown, Kansas 67653 (785) 693-4597

TREASURER

Name Gregory Lohoefer

Home Telephone
(785) 475-2019

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

Business Telephone

Box 90, 414 East Commercial (St) Morristown, KS 67653 (785) 475-2019

^{per consent by Bob Strevey}
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."

2 June 2014
(Date)

Bob Strevey
(Signature of Chairperson)