

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

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KSC  
Governmental Ethics Commission

COMMITTEE (PLEASE TYPE OR PRINT)

Name	Douglas County Democratic Party	
Mailing Address (Street, City, State, Zip Code)	P.O. BOX 63, LAWRENCE, KS 66044	
Business Telephone	(785) 841-2181	

CHAIRPERSON

Name	Curtis D. Hall	Home Telephone	(785) 841-2181
Mailing Address (Street, City, State, Zip Code)	1602 Rivertidge Rd, Lawrence, KS 66044		
Business Telephone			

TREASURER

Name	Jim Beach	Home Telephone	(785) 331-8508
Mailing Address (Street, City, State, Zip Code)	705 MISSISSIPPI ST, LAWRENCE, KS 66044		
Business Telephone			

AFFILIATED OR CONNECTED ORGANIZATIONS

Name	Kansas State Democratic Party		
Mailing Address (Street, City, State, Zip Code)	P.O. BOX 1914, TOPEKA, KS 66601		

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."

7/9/16  
\_\_\_\_\_  
(Date)

*Curtis D. Hall*  
\_\_\_\_\_  
(Signature of Chairperson)

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**Campaign Finance  
Statement of Organization  
For Political Action Committees  
And Party Committees**

Governmental Ethics Commission  
109 W. 9th, Suite 504  
Topeka, KS 66612  
Phone (785) 296-4219  
Fax (785) 296-2548  
[www.kansas.gov/ethics](http://www.kansas.gov/ethics)

This is a (Check one)  Party Committee  PAC

This is an (Check one)  Initial Appointment  Amended Statement

**Committee** Name: **Douglas County Democratic Party**  
Address: **PO Box 63**  
Address2:  
City: **Lawrence** State: **KS** Zip: **66044**  
Business Phone:  
Email Address:

**Chairperson** Name: **Curtis Hall**  
Address: **1602 River Ridge Road**  
Address2:  
City: **Lawrence** State: **KS** Zip: **66044**  
Home Telephone: **(785) 841-2181** Business Phone:  
Email Address: **hallcd@sbcglobal.net**

**Treasurer** Name: **Allison Marker**  
Address: **847 Connecticut St.**  
Address2:  
City: **Lawrence** State: **KS** Zip: **66044**  
Home Telephone: **(785) 550-3794** Business Phone:  
Email Address: **allie.marker@gmail.com**

**Affiliated or Connected Organizations** Name: **Kansas Democratic Party**  
Address: **PO Box 1914**  
Address2:  
City: **Topeka** State: **KS** Zip: **66601**

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**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.**

Executed on:  
Date: **9/3/2015 10:27:22 AM** Signature of Chairperson: **Curtis D. Hall**

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