(See Reverse Side Fe	
	or Instructions)
This is a (check one) Party Committee This is an (check one) Initial Statement	
COMMITTEE (PLEASE TYPE (OR PRINT)
Name Doniphan County Democratic Central Com	mittee
Mailing Address (Street, City, State, Zip Code) 289 280 th Rd Highland, KS (66035	Business Telephone (785) 545-3786
CHAIRPERSON	
Name W. Brett Neibling	Home Telephone (785) 850-1223
Mailing Address (Street, City, State, Zip Code) 289 280th Red Highland, KS 66035	Business Telephone
TREASURER	
Name Pat Blocker	Home Telephone (785) 989-3512
Mailing Address (Street, City, State, Zip Code) 801 p. 7th St. Wathena, KS 66090	Business Telephone
AFFILIATED OR CONNECTED ORGANIZATIONS	₽
Name KS Democratic Party	
KS Democratic Party Mailing Address (Street, City, State, Zip Code)	
PO Box 1914 Topeka, KS 66601	
If not connected or affiliated with an organization, identify the	e trade, profession, or primary interest of the contri
	1
SIGNATURE:	
"I declare that this statement has been examined by me an belief is true, correct and complete. I understand that the or intentionally filing a false document is a class A misde	intentional failure to file this document
<u>3/6-17</u> (Date) (Sign	7

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	STA	TEMENT OF ORG	ANIZATION	n an
FOR PO	DLITICAL ACT	ION COMMITTEE	S AND PARTY COM	MITTEES
		(See Reverse Side For In	structions)	
	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)	
Name Donipl	han Cro. Dem	nocratic Centra	Comm.	
Mailing Addre	ss (Street, City, State	, Zip Code)	Business Telephone	
CHAIRPERSC	DN			
Name Gal	len Weiland		Home Telephone (785)988-4423	-
	ss (Street, City, State 146 Bendern		Business Telephone (785)988-445	55
TREASURER		.,,		
Name Patr	ricia Blocke	 2r	Home Telephone (785)989-33	512
Mailing Addres	ss (Street, City, State	, Zip Code) .g. KS - 66090	Business Telephone	
<u> </u>	OR CONNECTED C	7		
Name				
Mailing Addres	ss (Street, City, State	, Zip Code)		
L				
If not connected c	or affiliated with an org	ganization, identify the trade	, profession, or primary interest	of the contributors.
SIGNATURE: "I declare that th		n examined by me and to t	he best of my knowledge and	
	-	I understand that the intenent is a class A misdemean	tional failure to file this docur	nent
(Date)	08	(Signature	of Chairperson)	he
	thics Commission	(-10	, , , , , , , , , , , , , , , , , , , ,	Rev.2000