STATEMENT OF ORGANIZATION
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES
(See Reverse Side For Instructions) This is a (check one) Party Committee Political Action Committee FILED This is an (check one) Initial Statement Amended Statement AUG 25 2016
COMMITTEE (PLEASE TYPE OR PRINT) KRIS W KOBACH Name () () () () () () () () () (
Name /-// Sworth County Democrats Mailing Address (Street, City, State, Zip Code) P. O. 130x 453 Elloworth K (185)472-3430
CHAIRPERSON Name C ava E M^{c} Coy Mailing Address (Street, City, State, Zip Code) P Q $Business TelephoneP$ Q $Box 453 E 1/5 worth Ks (-)$
TREASURER / Secretary Name Geneva L. Schneiden Mailing Address (Street, City, State, Zip Code) 1965 Ave K Kanopolis KS67454 (785) 531-1419
AFFILIATED OR CONNECTED ORGANIZATIONS Vice Chairman
Name Don Svaty Mailing Address (Street, City, State, Zip Code) 1355 Hury 156 Ellsworth, Ks 67439
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." $\frac{8 - 19 - 2016}{(Date)}$ (Signature of Chairperson)
Governmental Ethics Commission Rev.2000

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FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES
(See Reverse Side For Instructions)
This is a (check one) Party Committee Political Action Committee
This is an (check one) Initial Statement Amended Statement AUG 102015
COMMITTEE (PLEASE TYPE OR PRINT)
$\boxed{\text{Name} = 1}$
Filsworth County Democratic Central Committee
Mailing Address (Street, City, State, Zip Code) P. O. Box 453 Ellsworth K5785 472 - 3430
CHAIRPERSON
Name $A_{A} = M = C_{OX}$ Home Telephone $(785) + 72 - 3430$
Mailing Address (Street, City, State, Zip Code) Business Telephone
POBOX 453 F //sworth K ()
67439 TREASURER
Name Home Telephone
Paula Schneider (785) 472-4568
Mailing Address (Street, City, State, Zip Code) 1985 Ave K Kanopolis Ks ()
67454
AFFILIATED OR CONNECTED ORGANIZATIONS
Name Vanca C. David Van Datis
Mailing Address (Street City State Zin Code)
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.
If not connected of armated with an organization, identity the trade profession, of primary interest of the control of st
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."
$\frac{8-4-2015}{(Date)} \qquad \qquad$
(Date) (Signature of Chairperson)
Governmental Ethics Commission Rev.2000