

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
Kingman County Democratic Party Central Committee

Mailing Address (Street, City, State, Zip Code) Business Telephone
225 East F Ave Kingman, KS 67068 (620) 532-1685

CHAIRPERSON

Name Home Telephone
Mark Schrittker (620) 532-1685

Mailing Address (Street, City, State, Zip Code) Business Telephone
225 East F Ave Kingman, KS 67068 ()

TREASURER

Name Home Telephone
Jeffrey W Rockett (620) 825-1692

Mailing Address (Street, City, State, Zip Code) Business Telephone
240 East H Ave Kingman, KS 67068 ()

AFFILIATED OR CONNECTED ORGANIZATIONS

Name
Kansas Democratic Party

Mailing Address (Street, City, State, Zip Code)
501 SE Jefferson St Suite 30, Topeka, KS 66607

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."

11-30-16
(Date)

Mark Schrittker
(Signature of Chairperson)

Governmental Ethics Commission

Rev.2000

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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

This is a (Check one) ☒ Party Committee ☐ PAC

This is an (Check one) ☒ Initial Appointment ☐ Amended Statement

Committee Name: **Kingman County Democratic Central Committee**

Address: **15614 S.E. 22 St.**

Address2:

City: **Cheney** State: **KS** Zip: **67025**

Business Phone: **(316) 540-0055**

Email Address: **kingmancoksdems@gmail.com**

Chairperson Name: **Shanna Henry**

Address: **15614 S.E. 22 St.**

Address2:

City: **Cheney** State: **KS** Zip: **67025**

Home Telephone: **(316) 540-0055** Business Phone:

Email Address: **kingmancoksdems@gmail.com**

Treasurer Name: **Jeff Rockett**

Address: **240 East H Ave.**

Address2:

City: **Kingman** State: **KS** Zip: **67068**

Home Telephone: **(620) 532-1088** Business Phone:

Email Address: **jeffrockett@yahoo.com**

Affiliated or Name: **Kansas Democratic Party**

Connected Address: **PO Box 1914**

Organizations 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: **7/21/2016 4:35:14 PM** Signature of Chairperson: **Shanna Henry**

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SEP 04 2014

KRIS W. KOBACH
SECRETARY OF STATE

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

This is an (check one)



Initial Statement



Amended Statement

COMMITTEE

(PLEASE TYPE OR PRINT)

Name

Kingman Co. Democratic Central Committee

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

P.O. Box 55, Kingman, KS 67068

Business Telephone

()

N/A

CHAIRPERSON

Name

Tim Holt

Home Telephone

(620) 297-4118

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

4645 SE 90th St., Kingman, KS 67068

Business Telephone

(316) 729-0900

TREASURER

Name

Jeff Rockett

Home Telephone

(620) 532-1088

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

240 East H Ave., Kingman, KS 67068

Business Telephone

(316) 262-5500

AFFILIATED OR CONNECTED ORGANIZATIONS

Name

Kansas Democratic Party

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

P.O. Box 1914 Topeka, KS 66601-1914

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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."

9/2/14

(Date)



(Signature of Chairperson)