STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)	FILE)
This is a (check one) Party Committee Political Action Committee This is an (check one) Initial Statement Amended Statement	DEC 22 2)16
COMMITTEE (PLEASE TYPE OR PRINT)	KRIS W. KOBA SECRETARY OF	
Name Labeti County Democratic Commit	læ	
Mailing Address (Street, City, State, Zip Code) 1540 17000 ROAD PARSONS KS (620) 778-595	58	
CHAIRPERSON		
Name Montre Taylor Home Telephone (620) 784 574	.5	
Mailing Address (Street, City, State, Zip Code) Sto 17000 RD. PARSONS XS 67357 (620) 778 533	5 8	
TREASURER		
Name Carol Hucke Home Telephone (620) 421 (093	
Mailing Address (Street, City, State, Zip Code) Business Telephone Business Telephone Reference KS (4'135)		
AFFILIATED OR CONNECTED ORGANIZATIONS		1
Name		
Mailing Address (Street, City, State, Zip Code)		
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of	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 docum or intentionally filing a false document is a class A misdemeanor.	ent	
(Date) (Signature of Chairperson)	-	
Governmental Ethics Commission	Rev.2000	

STATEMENT OF ORGANIZATION
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES
(See Reverse Side For Instructions)
This is an (check one) Party Committee Political Action Committee NOV 1 5 2016 This is an (check one) Initial Statement Amended Statement
KRIS W. KOBACH SECRETARY OF STATE
COMMITTEE (PLEASE TYPE OR PRINT)
Name Laketle Courty Democrats
Mailing Address (Street, City, State, Zip Code) 1609 Morgan, Parsors, 65 67357 (620) 875-4777
CHAIRPERSON
Name Evelyn A Forbes Home Telephone (620) 875 4777
Mailing Address (Street, City, State, Zip Code) Business Telephone 1609 Mongan Pansons 15 67759 ()
TREASURER
Name Home Telephone
Mailing Address (Street, City, State, Zip Code) Business Telephone
AFFILIATED OR CONNECTED ORGANIZATIONS
Name
Mailing Address (Street, City, State, Zip Code)
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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."
(Date) (Signature of Chairperson)
Governmental Ethics Commission Rev.2000

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FOR POLITICAL ACTION COMMITTEES AND PARTY COMMIT	TEES	
(Can Davierra Sida For Instructions)	FILED	
(See Reverse Side For Instructions)	DEC.	
This is a (check one)	DEC 08 2014	
This is an (check one) Initial Statement Amended Statement	KRIS W. KOBACH	
<u>L SEC</u>	CRETARY OF STAT	
COMMITTEE (PLEASE TYPE OR PRINT)		
Name Labette County Personat Central Comm	ittee	
Mailing Address (Street, City, State, Zin Code) Business Telephone 1609 Morgan Parsons (561357(620) 375-4777		
CHAIRPERSON		
TI TI I		
Name Evelyn A Forbes Home relephone		
Mailing Address (Street, City, State, Zip Code) 16 of Morgan, Parsons KS 67357 (620) 875-477	7	
y		
TREASURER		
Name Jim Kindall Home Telephone		
Mailing Address (Street, City, State, Zip Code) Business Telephone 3631 Briggs Parsons, KS 67357 ()		
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." 12 - 01 - 14		
Governmental Ethics Commission	Rev.2000	