	LITICAL ACT	ION COMMIT	TEES AND PARTY COM	MITTEES
		(See Reverse Side F	or Instructions)	RECEIVED
	This is a (check one) This is an (check one)	Party Committee	t Amended Statement	JUL <b>19</b> 201
COMMITTEE		(PLEASE TYPE		overnmental Ethics
Name Leavenwa	ofth Cour	HyDernock	Hic Central Com	mittee
		zip Code) Kal Pasetok Ko		105
CHAIRPERSO				
Name Sherri	.D. Groga	er)	Home Telephone $(913) 22/6$	705
Mailing Addres	s (Street, City, State		Business Telephone $6007()$	
TREASURER	an a		an Marine a la constante de la	
Name	1 H. Strok	bel	Home Telephone $(913)702-4$	142
Mailing Address	o (Straat City State		Dusiness Telephone	
	DR CONNECTED C			
Name		pation PRD-	4.7.1	
<u>Ka NSQ S</u> Mailing Address	s (Street, City, State,	, Zip Code)	<u>.</u>	· · · ·
P.O. Box	1914, Top	peka, KS 1	06601	
fnot connected or	affiliated with an org	ganization, identify the	trade, profession, or primary interest o	of the contributors.
SIGNATURE:				
I declare that thi		-	to the best of my knowledge and	
		I understand that the $i$ misden	ntentional failure to file this docum	lent
7/14/201	16	Stacke		-
(Date)		(Signi	ature of Chairperson)	
overnmental Eth	nics Commission			Rev.2000

	an an an an Talain an an ann ann a' fhair ann an
STATEMENT OF ORGANIZATION	
FOR POLITICAL ACTION COMMITTEES AND PARTY COM	MANEES
(See Reverse Side For Instructions)	1 4 2015
(See Reverse Side For Instructions)	al Ethics Comm
COMMITTEE (PLEASE TYPE OR PRINT)	
Name Leavenworth County Dernocratic Central Comp	nittee
Mailing Address (Street, City, State, Zip Code) 16635 Lequerworkth Rd, Basetore, Kober (913) 226 6	105
CHAIRPERSON	
Name Sperri D. Grogan Home Telephone (913) 22667	705
Mailing Address (Street, City, State, Zip Code) 16635 Lequeriw arth Kol, Page box, KS 66007 ( - )	
TREASURER	
Name William H. Strobel (913)702-4.	142
Mailing Address (Street, City, State, Zip Code) 1715 DAKOTA ST, Leavenworth, KS (66048 ())	
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name Kansas Democratic, Partu	
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 c	of the contribut
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	ent
or intentionally filing a false document is a class A misdemeanor."	
$\frac{7/14/2016}{(Date)} \qquad \qquad$	•
Governmental Ethics Commission	Rev.20

	FILED					
STATEMENT OF ORGANIZATION FOR POLITICAL ACTION COMMITTEES AND PARTY	OCT 022014 KRIS W. KOBACH					
(See Reverse Side For Instructions)	<b></b> 1					
This is a (check one) Image: Party Committee Political Action Committee   This is an (check one) Initial Statement Amended Statement	nittee					
COMMITTEE (PLEASE TYPE OR PRINT)						
Name Leavenworth County Democratic Central Committee						
Mailing Address (Street, City, State, Zip Code)Business TelepPO Box 56Leavenworth KS 66048(913) 727	21629					
CHAIRPERSON						
NameHome TelephonJames T Pittman(913) 727						
Mailing Address (Street, City, State, Zip Code)Business Teler123 Willow Dr Lansing KS 66943(913) 775	ohone 51620					
TREASURER						
NameHome TelephonWilliam H. Strobel(9/3) 72	ne 024142					
Mailing Address (Street, City, State, Zip Code) 1915 Dakota St. Leavenwortt KS						
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 knowled belief is true, correct and complete. I understand that the intentional failure to file this or intentionally filing a false document is a class A misdemeanor." $\frac{\sum_{i=0}^{i=0} 29 \ 2014}{(Bate)}$ Governmental Ethics Commission	is document					