STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

		(See Reverse Side	For Instru	ictions)	
	This is a (check one)	✓ Party Committ	ee 🗌	Political Action Committee	1
	This is an (check one)	Initial Statem	ent	Amended Statement	1911年1月16日
				K.	.
COMMITTEE		(PLEASE TYPI	OR PRI	NT)	
Name Montg	omery County Dem	ocratic Central C	ommittee	•	
Mailing Address (Street, City, State, Zip Code) 3204 W. 8th Coffeyville, KS 67337			Business Telephone () N/A		
CHAIRPERSO	ON				
Name Jim Miller			Home Telephone (620) 870-1453		
	ss (Street, City, State, a. Coffeyville, KS 673			Business Telephone () N/A	
TREASURER					
Name				Home Telephone	
	Jackson		· · · · · · · · · · · · · · · · · · ·	(620) 870-80	
Mailing Addre 407 Penn (ss (Street, City, State, Coffeyville, KS 6733	Zip Code) 7		Business Telephone () N/A	
AFFILIATED	OR CONNECTED O	RGANIZATIONS			
Name	JANE K	ansas Du	MMMAI	hc Party	
Mailing Addre	SS (Street, City, State, BOX 1914	Zip Code) TOVOKA,	KS 10	leleD)	
If not connected	or affiliated with an org	anization, identify the	ne trade, pr	ofession, or primary intere	est of the contributors.
belief is true, co	his statement has been	understand that that is a class A misc	e intentio lemeanor	best of my knowledge ar nal failure to file this doc Chairperson	
Governmental E	Ethics Commission				Rev.2000

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STATEMENT OF ORGANIZATION

AUG 2 4 2015

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES AND PARTY

(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 MONTGOMERY COUNTY DOMOCRAT CONTRAL COMMITTEE					
Mailing Address (Street City, State, Zip Code) Business Telephone					
3204 W 8 Coffequille (5/837 (620) 3300146					
CHAIRPERSON					
Name Home Telephone ()					
Mailing Address (Street, City, State, Zip Code) Business Telephone					
3704 W. Ft Coffeyille 1 6/337 ()					
TREASURER					
Name Home Telephone					
WIMMIR JACKSON (670)870-8000					
Mailing Address (Street, City, State, Zip Code) (67337 (Business Telephone					
AFFILIATED OR CONNECTED ORGANIZATIONS					
Name Kausas State Democratic Carly					
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."					
(Date) (Signature of Chairperson)					
Sovernmental Ethics Commission Rev.200					