## STATEMENT OF ORGANIZATION

## FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

		(See Reverse Side Fo	r Instructions)			
	This is a (check one)	Party Committee	Political Ac	tion Committee	En	
	This is an (check one)	Initial Statement	Amended S	Statement JUN 27	2016	
•				KS Governmental E		
COMMITTEE (PLEASE TYPE OF			R PRINT)	KS Governmental L		
Name Pawne	e County Democrat	ic Party				
Mailing Address (Street, City, State, Zip Code) 409 West 5th, Larned KS 67550			Busine ( 620	Business Telephone (620 ) 285-1609		
CHAIRPERSC	N					
Name Steven I Lewis			Home 7 ( 620	Home Telephone ( 620 ) 285-1609		
Mailing Address (Street, City, State, Zip Code) 409 West 5th, Larned KS 67550			Busine ( <b>620</b>	Business Telephone ( 620 ) 285-3947		
TREASURER			_		_	
Name			Home 7	Telephone		
<u>Delore</u>	s Wren		( 620	) 253-0452		
Mailing Address (Street, City, State, Zip Code) 1217 Carroll, Larned KS 67550			Busine ( 620	Business Telephone ( 620 ) 285-3273		
AFFILIATED	OR CONNECTED O	RGANIZATIONS	·			
Name Капsа	s Democratic Party				] ]	
•	ss (Street, City, State, 4, Topeka KS 6660	• •				
If not connected o	or affiliated with an org	anization, identify the t	rade, profession, or	primary interest of the	contributors.	
SIGNATURE		3 33	14-4 1 -4-6			
"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."						
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6-17-16 (Date)		<u>Interes</u> (Signa	nture of Chairpers	on)		
Governmental Ethics Commission					Rev.2000	

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STATEMENT OF ORGANIZATION (Section 2017)					
ECHEFOR 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 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
taunce ountry Democratic Central Committee					
Mailing Address (Street, City, State, Zip Code) 67550 Business Telephone 1206 M RDAD LALVED KS (620) 285-3580					
CHAIRPERSON					
Name An 72+8, C . Home Telephone (620) 285-3560					
Mailing Address (Street, City, State, Zip Code)  Business Telephone  Business Telephone					
1206 M KOAD LARMED, KS (620) 285-3580					
TREASURER					
Name Delores Wren (620) 285-2863					
Mailing Address (Street, City, State, Zip Code) 67537 Business Telephone 12/7 Carroll Street LALNER KS (620) 255 - 2863					
AFFILIATED OR CONNECTED ORGANIZATIONS					
Name ( )					
KANDAS STATE Leus cratic (ARTY					
Mailing Address (Street, City, State, Zip Code)  P.D. DOX [9/4   DOEKA, KS 6660]					
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)					
(					

Governmental Ethics Commission

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