STATEMENT OF ORGANIZATION
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES
(See Reverse Side For Instructions)
This is a (check one) X Party Committee Political Action Committee
This is an (check one) Initial Statement Amended Statement
COMMITTEE (PLEASE TYPE OR PRINT)
Name - Démard Counte Democratic Committee
Mailing Address (Street, City, State, Zip Code) Business Telephone Business Telephone Business Telephone Business Telephone
CHAIRPERSON
Name (Home Telephone
$\frac{ACK}{ACK} \left(\frac{V_{RR}}{1/c}\right) = \frac{1}{1000} \left(\frac{1}{200}\right) = \frac{1}{1000} \left(\frac{1}{2000}\right) = \frac{1}{1000} \left(\frac{1}{1000}\right) = \frac{1}{1000} \left(\frac{1}{1000}\right$
Mailing Address (Street, City, State, Zip Code) 1155 N SURDAN JIBCRAD KS 67801 (620) 626-5702
TREASURER
Name Home Telephone (620) 674-S420
Mailing Address (Street, City, State, Zip Code) 421 Au Sherman - Ant Zuberch (S(620)629-6339
AFFILIATED OR CONNECTED ORGANIZATIONS
Name A / A
NA
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. $\frac{1}{2} \cos(1 \sqrt{2} \sqrt{2})$
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 Chairmerson)
(Date) (Signature of Chairperson)
Governmental Ethics Commission Rev.2000

STATEMENT OF ORGANIZATION RECEIVED
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
Deilo and County Democratic Centra Committee Mailing Address (Street City State Tip Code) Business Telephone
Mailing Address (Street, City, State, Zip Code) How Reaching Liberal Vig (620) 674-6504
CHAIRPERSON 234 Liberer 2 Vis. 67907 67901
Name Home Telephone
ELMER W. Hahre (620)624-6504
Mailing Address (Street, City, State, Zip Code) Business Telephone
110 N. PEASHING, Liberai 19(_)
TREASURER
Name Home Telephone
Linda Miller (478) 614 BHOO
Mailing Address (Street, City, State, Zip Code) <u>HII N SWeerman</u> <u>Liberac</u> <u>No.</u>
AFFILIATED OR CONNECTED ORGANIZATIONS
Name Nevel 602 Demailson Contin
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
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(Date) Elizabethe (Signature of Chairperson)

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