

STATEMENT OF ORGANIZATION

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

FILED

DEC 22 2016

KRIS W. KOBACH
SECRETARY OF STATE

COMMITTEE

(PLEASE TYPE OR PRINT)

Name Labeit County Democratic Committee

Mailing Address (Street, City, State, Zip Code) 1540 17000 ROAD PARSONS KS 67357 Business Telephone (620) 778-5358

CHAIRPERSON

Name Montie Taylor Home Telephone (620) 784 5745

Mailing Address (Street, City, State, Zip Code) 1540 17000 RD. PARSONS KS 67357 Business Telephone (620) 778 5358

TREASURER

Name Carol Hucke Home Telephone (620) 421 6093

Mailing Address (Street, City, State, Zip Code) 1810 20000 Rd Parsons KS (67357) Business Telephone

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."

12/19/16
(Date)

Montie Taylor
(Signature of Chairperson)