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NOV 2 1 20 STATEMENT OF ORGANIZATION KS Governments with the states	
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 Marion County Democratic Central Committee Mailing Address (Street, City, State, Zip Code) Bogle Hwy 150, Marion KS (620)382-2032	
CHAIRPERSON	
Name <u>Eileen</u> <u>Sieger</u> Mailing Address (Street, City, State, Zip Code) <u>Business Telephone</u> <u>Business Telephone</u> <u>Business Telephone</u>	
TREASURER	
Name Home Telephone (620) 382-3418	
Mailing Address (Street, City, State, Zip Code) 52400, Santa FeyMarion, KS (ER)	
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name Ransas Democratic Party	
Mailing Address (Street, City, State, Zip Code) POBOX, 1914 Tope KaKS (0601-1914	
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 Rev.2000	

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