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OCT 31 2018

KS Governmental Ethics Commission

# STATEMENT OF ORGANIZATION

## FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

This is a (check one)	<input checked="" type="checkbox"/> Party Committee	<input type="checkbox"/> Political Action Committee
This is an (check one)	<input checked="" type="checkbox"/> Initial Statement	<input type="checkbox"/> Amended Statement

### COMMITTEE

(PLEASE TYPE OR PRINT)

Name	Shawnee County Democratic Party		
Mailing Address (Street, City, State, Zip Code)	PO Box 2634, Topeka, KS 66601		Business Telephone ( 785 ) 272-2646

### CHAIRPERSON

Name	Ethel A. Edwards	Home Telephone ( 785 ) 231-9586
Mailing Address (Street, City, State, Zip Code)	3634 SW Spring Creek Ct, Topeka, KS 66614	
		Business Telephone ( )

### TREASURER

Name	Jennifer Laudermilk	Home Telephone ( 785 ) 554-9224
Mailing Address (Street, City, State, Zip Code)	1424 SW Oakley Ave, Topeka, KS 66604	
		Business Telephone ( )

### AFFILIATED OR CONNECTED ORGANIZATIONS

Name	Kansas Democratic Party
Mailing Address (Street, City, State, Zip Code)	PO Box 1914, Topeka, KS 66601

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."

10/31/18  
(Date)

  
(Signature of Chairperson)

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DEC 13 2016

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(See Reverse Side For Instructions)

This is a (check one)



Party Committee



Political Action Committee

This is an (check one)



Initial Statement



Amended Statement

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12/9/16  
(Date)

  
(Signature of Chairperson)