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STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

FILED

DEC 10 2018

KRIS W. KOBACH
SECRETARY OF STATE

(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 *Atchison County Democratic Commi Hee*

Mailing Address (Street, City, State, Zip Code) *1247 LINCOLN Rd, Cummings, Ks 66016* Business Telephone *(913) 886-3255*

CHAIRPERSON

Name *Karen Bell* Home Telephone *(913) 370-0085*

Mailing Address (Street, City, State, Zip Code) *12063 Pawnee Rd, Atchison, Ks 66002* Business Telephone *()*

TREASURER

Name *Pauline M. Lee* Home Telephone *(913) 886-3255*

Mailing Address (Street, City, State, Zip Code) *1247 LINCOLN Rd, Cummings, Ks 66016* Business Telephone *()*

AFFILIATED OR CONNECTED ORGANIZATIONS

Name *Kansas Democratic Party*

Mailing Address (Street, City, State, Zip Code) *Topeka Ks.*

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."

12-6-18
(Date)

Karen Bell
(Signature of Chairperson)