

Reset page

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

RECEIVED
 NOV 30 2020
 SCOTT SCHWAB
 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 Franklin County Democratic Central Committee
 Mailing Address (Street, City, State, Zip Code) _____ Business Telephone () _____

CHAIRPERSON

Name _____ Home Telephone () _____
 Mailing Address (Street, City, State, Zip Code) _____ Business Telephone () _____

TREASURER

Name Lynda Alderman Home Telephone (785) 242-3838
 Mailing Address (Street, City, State, Zip Code) 2010 Osborne Terr Ottawa, KS 66067 Cell Business Telephone (785) 418-7400

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."

11-21-20
(Date)

David M Lane
(Signature of Chairperson)

[Print this form](#) or [Go Back](#)



Campaign Finance Statement of Organization For Political Action Committees And Party Committees

Governmental Ethics Commission
901 S. Kansas Ave.
Topeka, KS 66612
Office (785) 296-4219
Fax (785) 296-2548
ethics.kansas.gov

This is a (Check one) Party Committee PAC

This is an (Check one) Initial Appointment Amended Statement

Committee Name: **Franklin County Democratic Central Committee**

Address: **3910 Labette Terrace**

Address2:

City: **Ottawa** State: **KS** Zip: **66067**

Business Phone:

Email Address:

Chairperson Name: **Lisa Jewell**

Address: **3910 Labette Terrace**

Address2:

City: **Ottawa** State: **KS** Zip: **66067**

Home Telephone: Business Phone:

Email Address: **edjewell59@hotmail.com**

Treasurer Name: **Lynda Alderman**

Address: **2010 Oaborne Terrace**

Address2:

City: **Ottawa** State: **KS** Zip: **66067**

Home Telephone: Business Phone:

Email Address: **aldermanlynda@gmail.com**

Affiliated or Connected Organizations Name: **Kansas Democratic Party**

Address: **PO Box 1914**

Address2:

City: **Topeka** State: **KS** Zip: **66601-1914**

If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

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.

Executed on:

Date: **12/3/2018 11:15:15 AM** Signature of Chairperson: **Lisa Jewell**

[Print this form](#) or [Go Back](#)