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FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES.									
		(See Reverse S	lida For Ins	tructions)		RECEIVED			
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	This is an (check one)	✓ Initial Sta	_	Amended St		SCOTT SCHWAB SECRETARY OF STATE			
COMMITTEE	;	(PLEASE T	YPE OR PI	RINT)					
Name Labett	e County Democrat	_ `							
	ss (Street, City, State, 000 Road Parsons, I			Busine (620	ss Teleph ) 421-				
CHAIRPERSO	ON								
Name Greg	Jarrett			Home T ( 620	elephone ) 421-				
Mailing Address (Street, City, State, Zip Code) 1725-18000 Road Parsons, KS 67357				Business Telephone ( 620 ) 421-4900					
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Name	Trans			,	elephone	1710			
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			and .						
Name	OR CONNECTED O s Democratic Party	RGANIZATIO	<u> </u>						
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_	14 Topeka, KS 666	- /							
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belief is true, co	his statement has been prrect and complete. I filing a false document	understand tha	it the intenti	onal failure to					
(Date) (Signature of Chairperson)									

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## STATEMENT OF ORGANIZATION RECEIVED

	SITT	I ENTERVIEW OF OR	(O) II (IZ) II	_	0.0040			
FOR PO	LITICAL ACTI	ION COMMITT	EES AND P	ARTY COMN	2 2 2019 MITTEES			
(See Reverse Side For Instructions)								
Ý	This is a (check one)	✓ Party Committee	Political	Action Committee				
	This is an (check one)	Initial Statement	✓ Amende	d Statement				
COMMITTEE		(PLEASE TYPE C	OR PRINT)					
Name Labett	e County Democrat	tic Committee						
_	ess (Street, City, State, Road Parsons, KS		Bus ( 620	Business Telephone ( 620 ) 421-4906				
CHAIRPERSO	ON .							
Name Greg J	Jarrett			Home Telephone ( 620 ) 421-4906				
	ess (Street, City, State, Road Parsons, KS			Business Telephone ( 620 ) 421-4900				
TREASURER								
Name	·			e Telephone ) 515-1719				
	rine Trent	7'-0-1-)	, 020 / 010 11 10					
Mailing Address (Street, City, State, Zip Code)  2327 Partridge Ave. Parsons, KS 67357  Business Telephone  ( )								
AFFILIATED	OR CONNECTED O	ORGANIZATIONS						
Name								
Mailing Addre	ess (Street, City, State,	, Zip Code)						
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belief is true, co	this statement has been orrect and complete.	n examined by me and I understand that the in ent is a class A misden	ntentional failur	•	ent			
(Date)		(Signature of Chairperson)						
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