

[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: **Morton County Democrats**  
Address: **0857 CR 20**  
Address2:  
City: **Rolla** State: **KS** Zip: **67954**  
Business Phone: **(620) 428-1079**  
Email Address: **holly.denton78@yahoo.com**

**Chairperson** Name: **Holly Deton**  
Address: **0857 CR 20**  
Address2:  
City: **Rolla** State: **KS** Zip: **67954**  
Home Telephone: Business Phone: **(620) 428-1079**  
Email Address: **holly.denton78@yahoo.com**

**Treasurer** Name: **Holly Denton**  
Address: **0857 CR 20**  
Address2:  
City: **Rolla** State: **KS** Zip: **67951**  
Home Telephone: Business Phone: **(620) 428-1079**  
Email Address: **holly.denton78@yahoo.com**

**Affiliated or  
Connected  
Organizations** Name: **Morton County Democrats**  
Address: **0857 CR 20**  
Address2:  
City: **Rolla** State: **KS** Zip: **67954**

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: **10/20/2020 8:45:09 AM** Signature of Chairperson: **Holly Denton**

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

RECEIVED  
OCT 01 2020  
KS Governmental Ethics Commission

*Reorganization*  
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 type="checkbox"/> Initial Statement	<input type="checkbox"/> Amended Statement

COMMITTEE (PLEASE TYPE OR PRINT)

Name **Morton County Democrats**

Mailing Address (Street, City, State, Zip Code) **0857 CR 20 Rolla K 67951** Business Telephone **(620) 428-1079**

*change post office address*

CHAIRPERSON

Name **// //** Home Telephone ( )

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

TREASURER **(Post Office changed mailing address)** address change

Name **Holly Denton** Home Telephone **(620) 428 1079**

Mailing Address (Street, City, State, Zip Code) Business Telephone **0857 CR 20 Rolla Ks 67954**

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."

**10-1-20**  
(Date)

*Holly Denton*  
(Signature of Chairperson)

STATEMENT OF ORGANIZATION

RECEIVED

JUL 05 2016

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

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

COMMITTEE (PLEASE TYPE OR PRINT)

Name Morton County Democrats CC

Mailing Address (Street, City, State, Zip Code) HC 2 Box 82 Rolla Ks 67954 Business Telephone (620) 428-1079

CHAIRPERSON

Name Holly Denton Home Telephone (620) 428-1079

Mailing Address (Street, City, State, Zip Code) HC 2 Box 82 Rolla Ks 67954 Business Telephone ( )

TREASURER

Name Holly Denton - Temporary Home Telephone (620) 428-1079

Mailing Address (Street, City, State, Zip Code) HC 2 Box 82 Rolla Ks 67954 Business Telephone ( )

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.

Promoting Democratic Party Ideals

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."

6-19-16  
(Date)

Holly Denton  
(Signature of Chairperson)

RECEIVED  
OCT 01 2020  
KS Governmental Ethics Commission

*Reorganization*  
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 type="checkbox"/> Initial Statement	<input type="checkbox"/> Amended Statement

COMMITTEE (PLEASE TYPE OR PRINT)

Name **Morton County Democrats**

Mailing Address (Street, City, State, Zip Code) **0857 CR 20 Rolla K 67951** Business Telephone **(620) 428-1079**

*change post office address*

CHAIRPERSON

Name // // Home Telephone ( )

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

TREASURER **(Post Office changed mailing address)** *address change*

Name **Holly Denton** Home Telephone **(620) 428 1079**

Mailing Address (Street, City, State, Zip Code) **0857 CR 20 Rolla Ks 67954** Business Telephone

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."

**10-1-20**  
(Date)

*Holly Denton*  
(Signature of Chairperson)