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SCOTT SCHWAB  
SECRETARY OF STATE

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 checked="" type="checkbox"/> Amended Statement

COMMITTEE (PLEASE TYPE OR PRINT)

Name Osage County Democratic Central Committee

Mailing Address (Street, City, State, Zip Code)  
964 W 149th St Scranton, KS 66537

Business Telephone  
( 785 ) 640-8658

CHAIRPERSON

Name  
Cynthia Lash

Home Telephone  
( 785 ) 640-8658

Mailing Address (Street, City, State, Zip Code)  
964 W 149th St Scranton, KS 66537

Business Telephone  
( )

TREASURER

Name  
Paul Lira

Home Telephone  
( 785 ) 793-2736

Mailing Address (Street, City, State, Zip Code)  
1334 W 189th St Scranton, KS 66537

Business Telephone  
( )

AFFILIATED OR CONNECTED ORGANIZATIONS

Name  
Kansas Democratic Party

Mailing Address (Street, City, State, Zip Code)  
PO Box 1914 Topeka, KS66201

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

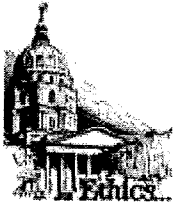
SIGNATURE:

"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."

11/29/20  
(Date)

Cynthia Lash  
(Signature of Chairperson)

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**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: **Osage County Democratic Central Committee**

Address: **1334 W. 189th St**

Address2:

City: **Scranton** State: **KS** Zip: **66537**

Business Phone: **(785) 793-2736**

Email Address: **pplira@yahoo.com**

**Chairperson** Name: **Patricia Lira**

Address: **1334 W. 189th St**

Address2:

City: **Scranton** State: **KS** Zip: **66537**

Home Telephone: **(785) 793-2726** Business Phone:

Email Address: **pplira54@gmail.com**

**Treasurer** Name: **Paul Lira**

Address: **1334 W. 189th St.**

Address2:

City: **Scranton** State: **KS** Zip: **66537**

Home Telephone: **(785) 793-2736** Business Phone:

Email Address: **pplira@yahoo.com**

**Affiliated or** Name:

**Connected** Address:

**Organizations** Address2:

City: State: Zip:

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Retired

**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: **7/18/2020 11:34:33 AM** Signature of Chairperson: **Patricia A. Lira**

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**Committee** Name: **Osage County Democratic Party**

Address: **1334 W 189th St**

Address2:

City: **Scranton** State: **KS** Zip: **66537**

Business Phone:

Email Address:

**Chairperson** Name: **Pat Lira**

Address: **1334 W 189th St**

Address2:

City: **Scranton** State: **KS** Zip: **66537**

Home Telephone: **(785) 806-2645** Business Phone:

Email Address: **pplira54@gmail.com**

**Treasurer** Name: **Paul Lira**

Address: **1334 W 189th**

Address2:

City: **Scranton** State: **KS** Zip: **66537**

Home Telephone: **(785) 793-2736** Business Phone:

Email Address: **pplira54@gmail.com**

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

Address: **PO Box 1914**

Address2:

City: **Topeka** State: **KS** Zip: **66201**

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Executed on:

Date: **9/20/2019 10:29:03 AM** Signature of Chairperson: **Pat Lira**

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