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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: **Stafford County Demcratic Central Committee**

Address: **119 S. Union St.**

Address2:

City: **Stafford** State: **KS** Zip: **67578**

Business Phone: **(620) 352-0806**

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

Chairperson Name: **David Curtis**

Address: **119 S. Union St.**

Address2:

City: **Stafford** State: **KS** Zip: **67578**

Home Telephone: **(620) 352-0806** Business Phone:

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

Treasurer Name: **Michael Hathoway**

Address: **522 E. South Ave.**

Address2:

City: **St. John** State: **KS** Zip: **67576**

Home Telephone: **(620) 786-4955** Business Phone: **(620) 234-5664**

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

Affiliated or Name:

Connected Address:

Organizations Address2:

City: State: Zip:

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

local political committee

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: **10/23/2020 10:34:45 AM** Signature of Chairperson: **David Curtis**

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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

RECEIVED
 AUG 31 2020
 SCOTT SCHWAB
 SECRETARY OF STATE

COMMITTEE (PLEASE TYPE OR PRINT)

Name	Stafford County Democratic Central Com	
Mailing Address (Street, City, State, Zip Code)	119 S. Union St	
Business Telephone	()	

CHAIRPERSON

Name	David Purvis	Home Telephone	(620) 352-0806
Mailing Address (Street, City, State, Zip Code)	119 S. Union St. Stafford, KS. 67578		
Business Telephone	()		

TREASURER

Name	Michael Hathaway	Home Telephone	(620) 786-4955
Mailing Address (Street, City, State, Zip Code)	522 E. South Ave, St. John, KS 67576		
Business Telephone	(620) 837-5664		

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."

8-28-20
(Date)

David Purvis
(Signature of Chairperson)

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

This is a (check one) Party Committee Political Action Committee
This is an (check one) Initial Statement Amended Statement

RECEIVED

DEC 13 2018

KRIS W. KOBACH
SECRETARY OF STATE

COMMITTEE (PLEASE TYPE OR PRINT)

Name Stallard Co. Dem. Central Committee
Mailing Address (Street, City, State, Zip Code) P.O. Box 152 Stallard, KS. 67578 Business Telephone ()

CHAIRPERSON

Name David Purts Home Telephone (620) 352-0806
Mailing Address (Street, City, State, Zip Code) 119 S. Union St. Stallard, KS. 67578 Business Telephone ()

TREASURER

Name Michael Hathaway Home Telephone (620) 786-4855
Mailing Address (Street, City, State, Zip Code) 522 E. South Ave. Stallard, KS. 67576 Business Telephone ()

AFFILIATED OR CONNECTED ORGANIZATIONS

Name Kansas Democratic Party
Mailing Address (Street, City, State, Zip Code) 501 SE Jefferson St Suite 30 Topeka, KS 66607

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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."

11-26-18
(Date)

[Signature]
(Signature of Chairperson)