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AUG 17 2020

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 <i>Thomas County Democrats</i>	
Mailing Address (Street, City, State, Zip Code) <i>1245 W 6th</i>	Business Telephone <i>(785) 443-1146</i>

CHAIRPERSON

Name <i>Constance Davis</i>	
Home Telephone <i>(785) 460-7188</i>	
Mailing Address (Street, City, State, Zip Code) <i>375 E. Cherry, Colby, KS 67701</i>	Business Telephone <i>(785) 443-2655</i>

TREASURER

Name <i>Sandra Hill</i>	
Home Telephone <i>(785) 443-1146</i>	
Mailing Address (Street, City, State, Zip Code) <i>1245 W 6th, Colby KS 67701</i>	Business Telephone <i>()</i>

AFFILIATED OR CONNECTED ORGANIZATIONS

Name <i>Kansas Democratic Party</i>	
Mailing Address (Street, City, State, Zip Code) <i>P.O. Box 1914 Topeka KS 66601</i>	

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

N/A

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."

8-13-2020
(Date)

Constance Davis
(Signature of Chairperson)

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

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This is an (check one) Initial Statement Amended Statement

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APR 02 2018

KRIS W. KOBACH
SECRETARY OF STATE

COMMITTEE (PLEASE TYPE OR PRINT)

Name *Thomas County Democrats*

Mailing Address (Street, City, State, Zip Code) *1245 W 6th, Colby, KS 67701* Business Telephone *(785) 443 1146*

CHAIRPERSON

Name *Jerry Hill* Home Telephone *(785) 443 1146*

Mailing Address (Street, City, State, Zip Code) *1245 W 6th, Colby, KS 67701* Business Telephone *(785) 675 8353*

TREASURER

Name *Sandra S Hill* Home Telephone *(785) 443 1146*

Mailing Address (Street, City, State, Zip Code) *1245 W 6th, Colby, KS 67701* Business Telephone *(785) 675 8632*

AFFILIATED OR CONNECTED ORGANIZATIONS

Name
Mailing Address (Street, City, State, Zip Code)

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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."

3/16/2018
(Date)

Jerry Hill
(Signature of Chairperson)