STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)	
This is a (check one)	december.
This is an (check one) Initial Statement Mended Statement	DEC 1 1 2016
COMMITTEE (PLEASE TYPE OR PRINT)	outher the seconds commission
Name (TEEASE TIPE OR PRINT)	Total in the same
herokee (anty 1) emocrats	
Mailing Address (Street, City, State Zip Code) HO DOX 142 (1) (if, 1/5 66761 (680) - 238-09:	57
CHAIRPERSON	
Name Home Telephone	
1 aylor (markt) (620) 396-8335	
Mailing Address (Street, City, State, Zip Code) Business Telephone Wir, K5 66781 ()	
TREASURER	
Name Home Telephone	
Anita Davolt (620) 762.2596	<u>, </u>
Mailing Address (Street, City, State, Zip Code) 1015 W. mape St Columbus, KS 66725 () Retiral	
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name	
Kansas Dimocratic Party	
Mailing Address (Street, City, State, Zip Code) 501 St. Hefferson St., Slute 30, Topeka, KS levele	07
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the	ne 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 misdemeanof?	;
11 / 12 / 1	
(Date) (Signature of Chairperson)	
Governmental Ethics Commission	Rev.2000