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KRIS W. KOBACH
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	Political Action Committee
This is an (check one)	<input checked="" type="checkbox"/> Initial Statement	Amended Statement

COMMITTEE (PLEASE TYPE OR PRINT)

Name <i>Doniphan County Democratic Central Committee</i>	
Mailing Address (Street, City, State, Zip Code) <i>307 255th Rd Highland, KS 66035</i>	Business Telephone <i>(785) 850-1223</i>

CHAIRPERSON

Name <i>W. Brett Scibling</i>	
Mailing Address (Street, City, State, Zip Code) <i>307 255th Rd Highland, KS 66035</i>	Home Telephone <i>(785) 850-1223</i>
	Business Telephone <i>()</i>

TREASURER

Name <i>Pat Blocker</i>	
Mailing Address (Street, City, State, Zip Code) <i>801 N. 7th St. Wathena, KS 66090</i>	Home Telephone <i>(785) 989-3512</i>
	Business Telephone <i>()</i>

AFFILIATED OR CONNECTED ORGANIZATIONS

Name <i>Kansas Democratic Party</i>	
Mailing Address (Street, City, State, Zip Code) <i>PO Box 1914 Topeka, KS 6601</i>	

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."

12-5-18
(Date)

W. Brett Scibling
(Signature of Chairperson)