	FILED	
STATEMENT OF ORGANIZATION FOR POLITICAL ACTION COMMITTEES AND PARTY COM	DEC 0 6 2018 KRIS W. KOBACH SECRETARY OF STATE	
(See Reverse Side For Instructions) This is a (check one) Imitial Statement Party Committee Political Action Committee This is an (check one) Initial Statement		
COMMITTEE (PLEASE TYPE OR PRINT)		
Name Pawnee County Democrats		
Mailing Address (Street, City, State, Zip Code)Business Telephone409 W 5th, Larned KS 67550(620)285-1609)	
CHAIRPERSON		
NameHome TelephoneSteven Lewis(620)285-1609		
Mailing Address (Street, City, State, Zip Code)Business Telephone409 W 5th Larned KS 67550(620)285-3947	,	
TREASURER		
NameHome TelephoneDelores Wren(620)253-045	2	
Mailing Address (Street, City, State, Zip Code)Business Telephone1217 Carroll Ave, Larned KS 67550(620)285-327	6	
AFFILIATED OR CONNECTED ORGANIZATIONS		
Name Kansas Democratic Party		
Mailing Address (Street, City, State, Zip Code) P.O. Box 1914 · Topeka, KS 66601		
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." $-\frac{1/-2.7-18}{(Date)}$ (Signature of Chairperson)		

Governmental Ethics Commission

Rev.2000