## STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES	
(See Reverse Side For Instructions)	
This is a (check one)	\$ / Por and
This is an (check one)   Initial Statement   Amended Statement	ت ا
4U6 <b>2.5</b>	
COMMITTEE (PLEASE TYPE OR PRINT) KS GOVERNMENTEE (PLEASE TYPE OR PRINT)	S Commission
Name Clark County Democratic Central Committee	20111111921011
Mailing Address (Street, City, State, Zip Code)  Business Telephone	
Po Box 792 Ashland KS L7831 ()	
CHAIRPERSON	
Name Home Telephone	
Hilary Foster (620) 635-0307	
Mailing Address (Street, City, State, Zip Code)  Business Telephone  PD Box 792 Ashland MS W831	1
TREASURER	<del></del>
Name Home Telephone  (620) 635-2546	
Mailing Address (Street, City, State, Zip Code)  Business Telephone	
PoBox 122 Ashland KS 67831 ()	
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name	
Clark County Democrats	
Mailing Address (Street, City, State, Zip Code)  Po Box 792 ASHONE KS V1831	
FU 130X 172 HShiene N3 V1031	
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the c	ontributors.
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."	
8.25.22 Warm Fisher	!
(Date) (Signature of Chairperson)	
Governmental Ethics Commission	Rev.2000