## STATEMENT OF ORGANIZATION

## FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

	(See Reverse Side For Instructions)			
	This is a (check one)	Party Committee	Political Action Com	mittee AN 1 1 2019
	This is an (check one)	Initial Statement	Amended Statement	
				SECRETARY OF STATE
COMMITTEE (PLEASE TYPE OR PRINT)				
Name Chase County Democratic Committee				
Mailing Address (Street, City, State, Zip Code)  Business Telephone				
	- none -		(	one
CHAIRPERSO	ON			
Name Sca	of Dawson		Home Telepho (してっ) ろ	
Mailing Address (Street, City, State, Zip Code)  Business Telephone  596 EF Road Cedar Point KS 66843 (				
TREASURER				
Name So	usan Hague		Home Telepho (620 ) つ	ne 74-4207
Mailing Address (Street, City, State, Zip Code) 1035 B Cedar Point Rd, Cedar Point, KS 66843( -)				
AFFILIATED	OR CONNECTED O	RGANIZATIONS		
Name	nor			
Mailing Address (Street, City, State, Zip Code)				
	35 (Biroci, City, Biaic,	r/a		
If not connected o	or affiliated with an orga	anization, identify the tra	de, profession, or primary	interest of the contributors.
belief is true, co or intentionally (Date)	his statement has been prect and complete. I filing a false documen	understand that the intention is a class A-misdement	o the best of my knowle entional failure to file the anor."	is document
Governmental Ethics Commission				Rev.2000