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SCOTT BEES  
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	<input type="checkbox"/> Political Action Committee
This is an (check one)	<input type="checkbox"/> Initial Statement	<input type="checkbox"/> Amended Statement

## COMMITTEE (PLEASE TYPE OR PRINT)

Name FORD COUNTY DEMOCRATS	
Mailing Address (Street, City, State, Zip Code) 2215 E. CRESCENT DR. DODGE CITY, KS 67801	Business Telephone (620) 255-3413

## CHAIRPERSON

Name GRETA CLARK	Home Telephone (620) 255-3413
Mailing Address (Street, City, State, Zip Code) 2215 E. CRESCENT DR. DODGE CITY, KS 67801	Business Telephone (620) 255-3413

## TREASURER

Name RON ALBRECHT	Home Telephone (620) 789 0187
Mailing Address (Street, City, State, Zip Code) 2206 MCCOY AVE DODGE CITY, KS 67801	Business Telephone (620) 789 0187

## AFFILIATED OR CONNECTED ORGANIZATIONS

Name (KDP) KANSAS DEMOCRATIC PARTY
Mailing Address (Street, City, State, Zip Code) PO BOX 1914 TOPEKA, KS 66601-1914

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."

NOVEMBER 30 2022  
(Date)

Greta Clark  
(Signature of Chairperson)