Reset page					
STATEMENT OF ORGANIZATION			RECEIVED		
APR 01 2022					
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES					
SECRETARY OF STATE					
(See Reverse Side For Instructions)					
	This is a (check one)	Party Committee	Political Action Committ	ee	
	This is an (check one)	Initial Statement	Amended Statement		
COMMITTEE (PLEASE TYPE OR PRINT)					
Name Jefferson County Democrats					
Mailing Address (Street, City, State, Zip Code) 6442 Hickory Pt, Meriden, KS. 66512				Business Telephone (620) 899-4846	
CHAIRPERSON					
Name			Home Telephone	Home Telephone	
Donald Schaeffer			(785) 250-8		
Mailing Address (Street, City, State, Zip Code) 10041 Valleyview Drive, Ozwakie, KS. 66070			Business Teleph	Business Telephone	
TREASURER					
Name Julie Wilson			Home Telephone (620) 899-	· · · · · · · · · · · · · · · · ·	
Mailing Address (Street, City, State, Zip Code) 6442 Hickory Pt, Meriden, KS. 66512			Business Teleph	Business Telephone	
AFFILIATED OR CONNECTED ORGANIZATIONS					
Name					
KS Democratic Party					
Mailing Address (Street, City, State, Zip Code)					
PO 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."					
(Date) (Date) (Signature of Chairperson)					
(Date)		(Signa	ature of Chairperson		
Governmental Ethics Commission			Print pa	ge Rev.2000	