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STATEMENT OF ORGANIZATION

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FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEE						
(See Reverse Side For Instructions)						
This is a (check one) Party Committee Political Action Committee						
	This is an (check one)	Initial Stateme	ent 🗸	Amended Statement		
COMMITTEE (PLEASE TYPE OR PRINT)						
Name Labette County Democratic Party						
iviailing Address (Streut, City, State, Zip Code) PO Box 636 Parsons, KS 67357				Business Telephone (620) 515-1719		
CHAIRPERSO	ON					
Name Cathy Dean				Home Telephone (620) 515-1719		
Mailing Address (Street, City, State, Zip Code) 2327 Partridge Parsons, KS 67357				Business Telephone		
TREASURER			·			
Name John		entigentier geschied		Home Telephone	1	
Mailing Addre 3805 G	ss (Street, City, State, abriel Parsons, KS	Zip Code) 67357		Business Teleph	none	
AFFILIATED	OR CONNECTED OF	RGANIZATIONS				
Name Kansas 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.						
belief is true, co	his statement has been orrect ad complete. In filing a false documen	understand Lat the	intention	est of my knowledg	ge and document	
(Date)	223	(Sig	nature of (Chairperson)		
Governmental Fi	thics Commission	·			型型系統 P 2000	

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