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SCOTT SCHWAR SECRETARY OF STATE

## STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES
(See Reverse Side For Instructions)
This is a (check one) Party Committee Political Action Committee
This is an (check one)   Initial Statement   Amended Statement
COMMITTEE (PLEASE TYPE OR PRINT)
Name LINN COUNTY KANSAS DEMOCRATS
Mailing Address (Street, City, State, Zip Cade) / Business Telephone
305 Dement St. Mound City 15.
CHAIRPERSON ( lokos le
Name Lawrence Forbach (913) 2842567
Mailing Address (Street. City, State, Zip Code) 305 Dement St. Mound City KS Wedler )
/
TREASURER
Name Home Telephone (913) 7572685
Mailing Address (Street/City, State, Zip Code)  Business Telephone
POBOK 553 Locy que (ole 040 ()
AFFILIATED OR CONNECTED ORGANIZATIONS
Name MOUND CIH COUNCILMAN
Mailing Address (Street. City, State, Zip Code) 112-2Nd Street, Maural City, KS. 66056.
The Jour Others I pulled the forest
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.
mound city KS. 66056
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 Amisdemeanor."
(Date) (Signature of Chairperson)
(Date) (Signature of Chairperson)
Governmental Ethics Commission / Rev.2000