STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTI	EES AND PARTY COMM	TTEEC
FOR TOLITICAL ACTION COMMITTI	ELS AND TAKET COMMI	FILED
(See Reverse Side For Instructions)		050 06 0000
This is a (check one) Party Committee	Political Action Committee	SEP 06 2022
This is an (check one) Initial Statement		COTT SCHWAB
COMMITTEE (PLEASE TYPE OR PRINT)		
Name MCPHERSON COUNTY DEMOCRATIC COMMITTEE		
Mailing Address (Street, City, State, Zip Code) PO BOX 152, INMAN, KS 67546	Business Telephone (620) 931-7213	
CHAIRPERSON		
Name CARMALEE WINEBRINNER	Home Telephone (620) 931-7213	
Mailing Address (Street, City, State, Zip Code) 204 S MAPLE, PO BOX 152, INMAN, KS 67546	Business Telephone	
TREASURER		
Name MARY ANN CONRARDY	Home Telephone (620) 245-9046	
Mailing Address (Street, City, State, Zip Code) 841 PINE COURT, MCPHERSON, KS 67460	Business Telephone	
AFFILIATED OR CONNECTED ORGANIZATIONS		
Name		
Mailing Address (Street, City, State, Zip Code)		
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."		
4 2 2170		
(Date) (Signa	ture of Chairperson)	
Governmental Ethics Commission		Rev.2000