STATEMENT OF ORGANIZATION	
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTE	
COMMITTEE (PLEASE TYPE OR PRINT) Name Pawnee County Democratic Central Committee Mailing Address (Street, City, State, Zip Code) 409 W.545t, Jannee K.S. (67557) (620) 285-2026	
CHAIRPERSON Name Home Telephone (620) 285-9646 Mailing Address (Street, City, State, Zip Code) Home Telephone (620) 285-9646 Business Telephone 409 W 54.54, Low real, KS 67550 (620) 285-2626	
TREASURER Name Home Telephone Colspan="2">(620) 804-1965 Mailing Address (Street, City, State, Zip Code) Business Telephone Address (Street, City, State, Zip Code) Business Telephone AFFILIATED OR CONNECTED ORGANIZATIONS AFFILIATED OR CONNECTED ORGANIZATIONS	
Name N/A 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." 3/24/2023 (Date) Governmental Ethics Commission Rev.2000	

	FILED		
STATEMENT OF ORGANIZATION FOR POLITICAL ACTION COMMITTEES AND PARTY COM	DEC 0 6 2018 KRIS W. KOBACH SECRETARY OF STATE		
(See Reverse Side For Instructions) This is a (check one) Imitial Statement Party Committee Political Action Committee This is an (check one) Initial Statement			
COMMITTEE (PLEASE TYPE OR PRINT)			
Name Pawnee County Democrats			
Mailing Address (Street, City, State, Zip Code)Business Telephone409 W 5th, Larned KS 67550(620)285-1609)		
CHAIRPERSON			
NameHome TelephoneSteven Lewis(620)285-1609			
Mailing Address (Street, City, State, Zip Code)Business Telephone409 W 5th Larned KS 67550(620)285-3947	,		
TREASURER			
NameHome TelephoneDelores Wren(620)253-045	2		
Mailing Address (Street, City, State, Zip Code)Business Telephone1217 Carroll Ave, Larned KS 67550(620)285-327	6		
AFFILIATED OR CONNECTED ORGANIZATIONS			
Name Kansas Democratic Party			
Mailing Address (Street, City, State, Zip Code) P.O. Box 1914 · Topeka, KS 66601			
If not connected or affiliated with an organization, identify the trade, profession, or primary interest	st 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." $-\frac{11-27-18}{(Date)}$ (Signature of Chairperson)			

Governmental Ethics Commission

Rev.2000