	r		
		RECEIVED	
	STATEMENT OF ORGANIZATION	SEP 08 2023	
SCOTT SCHWA			
(See Reverse Side For Instructions)			
	This is a (check one) Party Committee Political Action Commit	tee	
	This is an (check one) Initial Statement Amended Statement		
COMMITTEE	(PLEASE TYPE OR PRINT)		
Name Trego County Democratic Party			
Mailing Addre 39040 283 H	ss (Street, City, State, Zip Code) Business Teleph lighway Ransom, Kansas 67572 (785) 731-1		
CHAIRPERSON			
Name Herber	rt Schwartzkopf Home Telephone		
Mailing Addre 39040 283 H	ss (Street, City, State, Zip Code) Highway Ransom, Kansas 67572 (785) 731-1		
TREASURER			
Name	Home Telephone		
Mailing Addre	ss (Street, City, State, Zip Code) Business Teleph	one	
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."			
09-02-2023 (Date) Herbert Schwartsforf (Signature of Chairperson)			
Carrier ant-1 T	White Commission	D	

Governmental Ethics Commission

Rev.2000

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STATEMENT OF ORGANIZATION	MAR 1 5 2023		
FOR POLITICAL ACTION COMMITTEES AND PARTY	SCOTT SCHWAB		
(See Reverse Side For Instructions)			
This is a (check one) Party Committee Political Action Comm	ittee		
This is an (check one) Initial Statement Amended Statement			
COMMITTEE (PLEASE TYPE OR PRINT)			
Name Trego County Democratic Central Committee			
Business Telephone			
CHAIRPERSON 64h St Waterney, KS (785) 623-0118			
Name			
Mailing Address (Street City DV 71 0 1)			
439 N 6th St Wakerney Ks ()			
TREASURER (07672			
Name Bonita Siglinger (785) 62			
Mailing Address (Street, City, State, Zip Code) Business Telepho	<u>3-0148</u>		
439 N 6th St Waternay, the 67672 ()			
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 int	erest of the contributors.		
SIGNATURE:			
"I declare that this statement has been examined by me and to the best of my brands day	and		
belief is true, correct and complete. I understand that the intentional failure to file this do or intentionally filing a false document is a class A misdemeanor."	ocument		
3-11-2023 Q+ D Y)			
(Date) (Signature of Chairperson)			
Governmental Ethics Commission	Rev.2000		