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° P. 006

STATEMENT OF ORGANIZATION	
FOR POLITICAL ACTION COMMITTEES AND PARTY COMM	IITTEES RECEIVED
(See Reverse Side For Instructions)	
This is a (check one) 🖌 Party Committee 🗌 Political Action Committee	DEC 0 2 2011
This is an (check one) Initial Statement Amended Statement	manle or vicio
COMMITTEE (PLEASE TYPE OR PRINT)	-
Name Kansas Democratic Party	
Mailing Address (Street, City, State, Zip Code)Business TelephonePO Box 1914 Topeka, KS 66044(785) 234-0425	
CHAIRPERSON	
NameHome TelephoneJoan Wagnon(785)286-3254	
Mailing Address (Street, City, State, Zip Code)Business Telephone4036 NE Kimbal Rd, Topeka, KS 66617-1567(785) 234-0425	
TREASURER	
NameHome TelephoneMatt Watkins(913) 908-9447	ŕ
Mailing Address (Street, City, State, Zip Code)Business Telephone11130 Whispering Ln, Kansas City, KS 66109-4265(785)235-0425	
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 o	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 docum	ent
or intentionally filing a false document is a class A misdemeanor."	
(Date)	
Governmental Ethics Commission	Rev.2000