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STATEMENT OF ORGANIZATION

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FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

JAN 09 2023

KS Governmental Ethics Commission

(See Reverse Side For Instructions)

|                        |   |   |
|------------------------|---|---|
| This is a (check one)  | <input checked="" type="checkbox"/> Party Committee | <input type="checkbox"/> Political Action Committee |
| This is an (check one) | <input type="checkbox"/> Initial Statement          | <input type="checkbox"/> Amended Statement          |

COMMITTEE

(PLEASE TYPE OR PRINT)

|  |                           |
|--|---------------------------|
| Name<br>butler county democrates   |                           |
| Mailing Address (Street, City, State, Zip Code)<br>1661 pennsylvania street el dorado ks 67042 | Business Telephone<br>( ) |

CHAIRPERSON

|  |                                   |
|--|-----------------------------------|
| Name<br>herb llewellyn   | Home Telephone<br>( 316 ) 4520210 |
| Mailing Address (Street, City, State, Zip Code)<br>1661 pennsylvania street el dorado ks 67042 | Business Telephone<br>( )         |

TREASURER

|  |                                   |
|--|-----------------------------------|
| Name<br>Jan Wheeler  | Home Telephone<br>( 316 ) 3235341 |
| Mailing Address (Street, City, State, Zip Code)<br>6308 s.e. price rd. leon ks 67074 | Business Telephone<br>( )         |

AFFILIATED OR CONNECTED ORGANIZATIONS

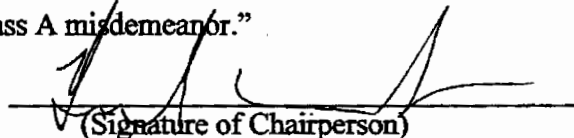
|   |
|---|
| Name  |
| Mailing Address (Street, City, State, Zip Code) |

If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

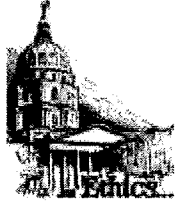
SIGNATURE:

"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."

12-28-22  
(Date)

  
(Signature of Chairperson)

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**Campaign Finance  
Statement of Organization  
For Political Action Committees  
And Party Committees**

Governmental Ethics Commission  
901 S. Kansas Ave.  
Topeka, KS 66612  
Office (785) 296-4219  
Fax (785) 296-2548  
ethics.kansas.gov

This is a (Check one)  **Party Committee**  **PAC**

This is an (Check one)  **Initial Appointment**  **Amended Statement**

**Committee** Name: **Butler County Democratic Central Committee**

Address: **6306 SE Price Rd**

Address2:

City: **Leon** State: **KS** Zip: **67074**

Business Phone:

Email Address: **janjohnwheeler@gmail.com**

**Chairperson** Name: **Herb Llewellyn**

Address: **1661 Pennsylvania St**

Address2:

City: **El Dorado** State: **KS** Zip: **67042**

Home Telephone: Business Phone: **(316) 452-0210**

Email Address: **Herb.Llewellyn@gmail.com**

**Treasurer** Name: **Janice Wheeler**

Address: **6306 SE Price Rd**

Address2:

City: **Leon** State: **KS** Zip: **67074**

Home Telephone: Business Phone: **(316) 323-5341**

Email Address: **janjohnwheeler@gmail.com**

**Affiliated or Connected Organizations** Name: **Kansas Democratic Party**  
Address: **501 SE Jefferson St, Suite 30**

Address2:

City: **Topeka** State: **KS** Zip: **66607**

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**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.**

Executed on:

Date: **6/11/2021 4:28:11 PM** Signature of Chairperson: **Herb Llewellyn**

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