

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

RECEIVED

SEP 14 2022

(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 checked="" type="checkbox"/> Amended Statement

KS Governmental Ethics Commission

COMMITTEE

(PLEASE TYPE OR PRINT)

Name	Cloud County Democrats		
Mailing Address (Street, City, State, Zip Code)	436 W 6 th St Concordia, KS 66901	Business Telephone	(785) 614-4041

CHAIRPERSON

Name	Paula Roegge	Home Telephone	(785) 614-4041
Mailing Address (Street, City, State, Zip Code)	436 W 6 th St Concordia, KS 66901	Business Telephone	(785) 888 243-2452

TREASURER

Name	LuAnn Muller	Home Telephone	(785) 243-4901
Mailing Address (Street, City, State, Zip Code)	525 Peck Ave	Business Telephone	() N/A

AFFILIATED OR CONNECTED ORGANIZATIONS

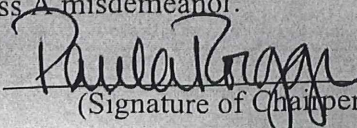
Name	Kansas Democratic Party		
Mailing Address (Street, City, State, Zip Code)	501 SE Jefferson St # 30, Topeka, KS 66607		

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."

8-30-22
(Date)


(Signature of Chairperson)

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

AUG 28 2022

(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

COTT SCHWAB
SECRETARY OF STATE

COMMITTEE (PLEASE TYPE OR PRINT)

Name: Cloud County Democrats

Mailing Address (Street, City, State, Zip Code): 525 Peck Ave, Concordia Ks 66901

Business Telephone: ()

CHAIRPERSON

Name: Paula Roegge

Home Telephone: (785) 614-4041

Mailing Address (Street, City, State, Zip Code): 436 W. 6th, Concordia, Ks 66901

Business Telephone: ()

TREASURER

Name: Luann Miller

Home Telephone: (785) 243-4901

Mailing Address (Street, City, State, Zip Code): 525 Peck Ave, Concordia Ks 66901

Business Telephone: ()

AFFILIATED OR CONNECTED ORGANIZATIONS

Name: None

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.
Support KS Democrats and their interests. Support voter participation.

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."

8-16-22
(Date)

Paula Roegge
(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: **Cloud County Democratic Party**
Address: **436 W 6th St**
Address2:
City: **Concordia** State: **KS** Zip: **66901**
Business Phone:
Email Address: **proegge@gmail.com**

Chairperson Name: **Paula Roegge**
Address: **436 W 6th St**
Address2:
City: **Concordia** State: **KS** Zip: **66901**
Home Telephone: **(785) 614-4041** Business Phone:
Email Address: **proegge@gmail.com**

Treasurer Name: **Pauline Cassel**
Address: **615 E 10th St**
Address2:
City: **Concordia** State: **KS** Zip: **66901**
Home Telephone: **(785) 614-1127** Business Phone:
Email Address: **pcassel@nckcn.com**

**Affiliated or
Connected
Organizations** Name: **Kansas Democratic Party**
Address: **PO Box 1914**
Address2:
City: **Topeka** State: **KS** Zip: **66601**

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

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: **11/26/2019 4:00:51 PM** Signature of Chairperson: **Paula Roegge**

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