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SCOTT BEES  
SECRETARY OF STATE

# STATEMENT OF ORGANIZATION FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(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 FORD COUNTY DEMOCRATS	
Mailing Address (Street, City, State, Zip Code) 2215 E. CRESCENT DR. DODGE CITY, KS 67801	Business Telephone (620) 255-3413

## CHAIRPERSON

Name GRETA CLARK	Home Telephone (620) 255-3413
Mailing Address (Street, City, State, Zip Code) 2215 E. CRESCENT DR. DODGE CITY, KS 67801	Business Telephone (620) 255-3413

## TREASURER

Name RON ALBRECHT	Home Telephone (620) 789 0187
Mailing Address (Street, City, State, Zip Code) 2206 MCCOY AVE DODGE CITY, KS 67801	Business Telephone (620) 789 0187

## AFFILIATED OR CONNECTED ORGANIZATIONS

Name (KDP) KANSAS DEMOCRATIC PARTY
Mailing Address (Street, City, State, Zip Code) PO BOX 1914 TOPEKA, KS 66601-1914

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."

NOVEMBER 30 2022  
(Date)

Greta Clark  
(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: **Ford County Democratic Party**  
Address: **809 4th Ave.**  
Address2:  
City: **Dodge City** State: **KS** Zip: **67801**  
Business Phone:  
Email Address: **johnnydunlap2@gmail.com**

**Chairperson** Name: **Johnny Dunlap**  
Address: **PO Box 262**  
Address2:  
City: **Spearville** State: **KS** Zip: **67876**  
Home Telephone: Business Phone:  
Email Address: **johnnydunlap2@gmail.com**

**Treasurer** Name: **John Thomas**  
Address: **809 4th Ave.**  
Address2:  
City: **Dodge City** State: **KS** Zip: **67801**  
Home Telephone: Business Phone:  
Email Address: **jthomas1040@yahoo.com**

**Affiliated or  
Connected  
Organizations** Name: **Kansas Democratic Party**  
Address: **501 E Jefferson St #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: **7/24/2020 3:04:24 PM** Signature of Chairperson: **Johnny Dunlap**

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