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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: **Johnson County Democratic Party**
Address: **PO Box 1482**
Address2:
City: **Shawnee Mission** State: **KS** Zip: **66222**
Business Phone: **(913) 735-6266**
Email Address:

Chairperson Name: **Deann Mitchell**
Address: **15985 S Clairborne St**
Address2:
City: **Olathe** State: **KS** Zip: **66062**
Home Telephone: Business Phone:
Email Address: **chair@jocodems.org**

Treasurer Name: **Mark Adams**
Address: **15969 S Clairborne St**
Address2:
City: **Olathe** State: **KS** Zip: **66062**
Home Telephone: Business Phone:
Email Address: **treasurer@jocodems.org**

Affiliated or Connected Organizations Name: **Kansas Democratic Party**
Address: **501 SE Jefferson St**
Address2: **Suite 30**
City: **Topeka** State: **KS** Zip: **66607**

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: **11/30/2022 8:33:14 PM** Signature of Chairperson: **Deann Mitchell**

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STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

RECEIVED
NOV 30 2020
SCOTT SCHWAB
SECRETARY OF STATE

(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	Johnson County Democrats	
Mailing Address (Street, City, State, Zip Code)	P.O. Box 1482 Shawnee Mission KS 66222-0482	
Business Telephone	(913) 735-6266	

CHAIRPERSON

Name	Deann Mitchell	
Mailing Address (Street, City, State, Zip Code)	15985 S. Clairborne St. Olathe, KS 66062	
Home Telephone	(816) 589-5159	
Business Telephone	(816) 589-5159	

TREASURER

Name	Mark Adams	
Mailing Address (Street, City, State, Zip Code)	15969 S. Clairborne St. Olathe, KS 66062	
Home Telephone	(913) 220-3797	
Business Telephone	(913) 220-3797	

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."

11-22-2020
(Date)

Deann E. Mitchell
(Signature of Chairperson)