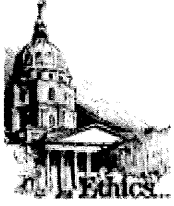


[Print this form](#) or [Go Back](#)



**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: **Rice County Democrats**
Address: **945 Ave X**
Address2:
City: **Alden** State: **KS** Zip: **67512**
Business Phone: **(816) 890-0233**
Email Address: **katelynmattsonlevy@gmail.com**

Chairperson Name: **Katelyn Mattson-Levy**
Address: **945 Ave X**
Address2:
City: **Alden** State: **KS** Zip: **67512**
Home Telephone: Business Phone: **(816) 890-0233**
Email Address: **katelynmattsonlevy@gmail.com**

Treasurer Name: **Susan Wilson**
Address: **203 E Monroe**
Address2:
City: **Sterling** State: **KS** Zip: **67579**
Home Telephone: **(949) 637-3896** Business Phone:
Email Address: **susankwilson@cox.net**

**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.

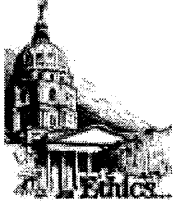
I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor.

Executed on:

Date: **9/14/2022 11:18:38 AM** Signature of Chairperson: **Katelyn Mattson-Levy**

[Print this form](#) or [Go Back](#)

[Print this form](#) or [Go Back](#)



**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: **Rice CO Dem CC**
Address: **2450 Ave R**
Address2:
City: **Lyons** State: **KS** Zip: **67554**
Business Phone: **(620) 562-8156**
Email Address: **elaine@lrmutual.com**

Chairperson Name: **Elaine Williamson**
Address: **2450 Ave R**
Address2:
City: **Lyons** State: **KS** Zip: **67554**
Home Telephone: **(620) 562-8156** Business Phone:
Email Address: **elaine@lrmutual.com**

Treasurer Name: **Chris Snyder**
Address: **1120 S. Grand**
Address2:
City: **Lyons** State: **KS** Zip: **67554**
Home Telephone: **(620) 257-2937** Business Phone:
Email Address: **elaine@lrmutual.com**

**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: **1/24/2022 1:20:35 PM** Signature of Chairperson: **Elaine Williamson**

[Print this form](#) or [Go Back](#)

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

RECEIVED

NOV 02 2020

COMMITTEE (PLEASE TYPE OR PRINT)

KS Governmental Ethics Commission

Name Rice County Democrats

Mailing Address (Street, City, State, Zip Code) 2450 Ave R, Lyons, KS 67554

Business Telephone (620) 897-6631

CHAIRPERSON

Name Elaine Williamson

Mailing Address (Street, City, State, Zip Code) 2450 Ave R Lyons, KS

Home Telephone (620) 897-6631

Business Telephone ()

TREASURER

Name William Starr

Mailing Address (Street, City, State, Zip Code) 201 S. Pioneer Ave Lyons, KS 67554

Home Telephone ()

Business Telephone ()

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."

7-27-20
(Date)

Elaine Williamson
(Signature of Chairperson)