

STATEMENT OF ORGANIZATION

RECEIVED

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

DEC 27 2022

(See Reverse Side For Instructions)

KS Governmental Ethics Commission

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 SALINE COUNTY DEMOCRATS

Mailing Address (Street, City, State, Zip Code) PO BOX 54, SALINA, KS 67402	Business Telephone (785) 825-7478
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CHAIRPERSON

Name HALEY HELZER	Home Telephone (785) 342-6123
----------------------	------------------------------------

Mailing Address (Street, City, State, Zip Code) 1008 E ELM ST, SALINA, KS 67401	Business Telephone (785) 827-1011
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TREASURER

Name CAROL VIAR	Home Telephone (785) 827-7401
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Mailing Address (Street, City, State, Zip Code) 5132 SHANNON ST, SALINA, KS 67401	Business Telephone ()
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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."

(Date)

(Signature of Chairperson)

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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

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MAR 07 2022

KS Governmental Ethics Commission

COMMITTEE (PLEASE TYPE OR PRINT)

Name Saline County Democrats	
Mailing Address (Street, City, State, Zip Code) 815 Spruce, Apt B Salina, KS 67401	Business Telephone (785) 825-7478

CHAIRPERSON

Name Philip D Black	Home Telephone (785) 342-2452
Mailing Address (Street, City, State, Zip Code) 815 Spruce, Apt B Salina, KS 67401	Business Telephone () NONE

TREASURER

Name Haley Helzer	Home Telephone (785) 342-6123
Mailing Address (Street, City, State, Zip Code) 1008 E. Elm Salina, KS 67401	Business Telephone (785) 827-1011

AFFILIATED OR CONNECTED ORGANIZATIONS

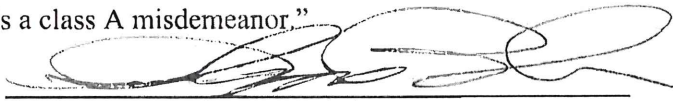
Name Kansas Democratic Party
Mailing Address (Street, City, State, Zip Code) P.O. Box 1914 · Topeka, KS 66601

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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."

2-24-22
(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: **Saline County Democrats**
Address: **123 East Minneapolis**
Address2:
City: **Salina** State: **KS** Zip: **67401**
Business Phone: **(785) 577-4233**
Email Address: **salinecodems15@gmail.com**

Chairperson Name: **Ryan Holmquist**
Address: **123 East Minneapolis**
Address2:
City: **Salina** State: **KS** Zip: **67401**
Home Telephone: **(785) 577-4233** Business Phone: **(785) 577-4233**
Email Address: **ryanhholmquist1@gmail.com**

Treasurer Name: **Haley Helzer**
Address: **1008 E. Elm Street**
Address2:
City: **Salina** State: **KS** Zip: **67401**
Home Telephone: **(785) 342-6123** Business Phone: **(785) 827-1011**
Email Address: **hhelzer81@gmail.com**

**Affiliated or
Connected
Organizations** Name: **Kansas Democratic Party**
Address: **Box 67432**
Address2: **501 SE Jefferson**
City: **Topeka** State: **KS** Zip: **66667**

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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: **1/10/2021 8:56:54 PM** Signature of Chairperson: **Ryan Holmquist**

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