

FILED

SEP 12 2022

SCOTT SCHWAB  
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 checked="" type="checkbox"/> Amended Statement

COMMITTEE

(PLEASE TYPE OR PRINT)

Name	<i>Wabawsee County Democratic Party</i>	
Mailing Address (Street, City, State, Zip Code)	Business Telephone	
<i>mail to County Chair</i>	( )	

CHAIRPERSON

Name	Home Telephone
<i>Brent McClayland</i>	<i>(785) 587-7368</i>
Mailing Address (Street, City, State, Zip Code)	Business Telephone
<i>26736 Paw Paw Creek Rd. Atma, Ks. 66401</i>	( )

TREASURER

Name	Home Telephone
<i>Christopher Breeden</i>	<i>(785) 449-2235</i>
Mailing Address (Street, City, State, Zip Code)	Business Telephone
<i>2071 NE Hwy K-4, Es Kridge, Ks 66423</i>	( )

AFFILIATED OR CONNECTED ORGANIZATIONS

Name	<i>Kansas Democratic Party</i>
Mailing Address (Street, City, State, Zip Code)	<i>P.O. Box 1914, Topeka, Ks. 66601-1914</i>

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

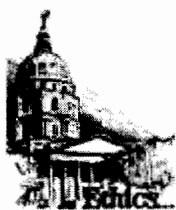
SIGNATURE:

"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."

*8/30/2022*  
(Date)

*Brent McClayland*  
(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: **Wabaunsee County Democrats**  
Address: **370 Lake Shore Dr**  
Address2:  
City: **Alma** State: **KS** Zip: **66401**  
Business Phone:  
Email Address: **mrjd@live.com**

**Chairperson** Name: **Mary Reed Spencer**  
Address: **370 Lake Shore Dr**  
Address2:  
City: **Alma** State: **KS** Zip: **66401**  
Home Telephone: **(785) 449-2519** Business Phone:  
Email Address: **mrjd@live.com**

**Treasurer** Name: **Chris Breeden**  
Address: **20671 NE Highway K4**  
Address2:  
City: **Eskridge** State: **KS** Zip: **66423**  
Home Telephone: **(785) 492-8651** Business Phone:  
Email Address: **cbreeden105@gmail.com**

**Affiliated or Connected Organizations** Name:  
Address:  
Address2:  
City: State: Zip:

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

**Political Support**

**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: **1/6/2022 3:09:08 PM** Signature of Chairperson: **Mary Reed Spencer**

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SEP 28 2020

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

KS Governmental Ethics Commission

(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  
*Wabaunsee County Democratic Party*

Mailing Address (Street, City, State, Zip Code)      Business Telephone  
*370 Lake Shore Dr. Alma, Ks. 66401*      (      )

CHAIRPERSON

Name      Home Telephone  
*Mary Reed Spencer*      (785) 449-2519

Mailing Address (Street, City, State, Zip Code)      Business Telephone  
*370 Lake Shore Dr. Alma, Ks. 66401*      (      ) *Retired*

TREASURER

Name      Home Telephone  
*Christopher Breeden*      (785) 449-2235

Mailing Address (Street, City, State, Zip Code)      Business Telephone - BNSF  
*20671 NE Hwy K-4, Eskridge, Ks 66423*      (785) 435-2000

AFFILIATED OR CONNECTED ORGANIZATIONS

Name  
*Kansas Democratic Party*

Mailing Address (Street, City, State, Zip Code)  
*P.O. Box 1914, Topeka, Ks. 66601-1914*

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SIGNATURE:

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9/2/20  
(Date)

Mary Reed Spencer  
(Signature of Chairperson)