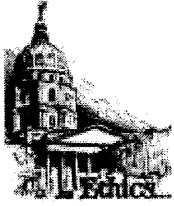


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**Campaign Finance
Statement of Organization
For Political Action Committees
And Party Committees**

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: **Douglas County Democratic Party**

Address: **P.O. Box 63**

Address2:

City: **Lawrence** State: **KS** Zip: **66044**

Business Phone: **(785) 424-7744**

Email Address: **josh@atomgardens.com**

Chairperson

Name: **Melinda Levon**

Address: **539 Ohio St**

Address2:

City: **LAWRENCE** State: **KS** Zip: **66044**

Home Telephone: **(785) 979-2477** Business Phone: **(785) 424-7744**

Email Address: **chair@douglascountydems.org**

Treasurer

Name: **Jennifer Muller**

Address: **1801 Barker Ave**

Address2:

City: **Lawrence** State: **KS** Zip: **66044**

Home Telephone: **(605) 645-0313** Business Phone: **(785) 424-7744**

Email Address: **treasurer@douglascountydems.org**

**Affiliated or
Connected
Organizations**

Name: **Kansas Democratic Party**

Address: **501 SE Jefferson St**

Address2:

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: **7/25/2024 11:31:04 AM** Signature of Chairperson: **Melinda Lavon**

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STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

RECEIVED

NOV 29 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 checked="" type="checkbox"/> Amended Statement

COMMITTEE (PLEASE TYPE OR PRINT)

Name Douglas County Democratic Party

Mailing Address (Street, City, State, Zip Code)
PO Box 63, Lawrence, KS 66044

Business Telephone
()

CHAIRPERSON

Name Melinda Lavon

Home Telephone
(785) 979-2477

Mailing Address (Street, City, State, Zip Code)
539 Ohio St., Lawrence, KS 66044

Business Telephone
()

TREASURER

Name Jenny Trucano Muller

Home Telephone
(785) 645-0313

Mailing Address (Street, City, State, Zip Code)
1801 Barker Ave., Lawrence, KS 66044

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.
Elect Democratic Candidates

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."

11/29/2022

(Date)



(Signature of Chairperson)