

[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: **Harvey County Democratic Central Committee**

Address: **PO BOX 122**

Address2:

City: **North Newton** State: **KS** Zip: **67117**

Business Phone: **(707) 536-7101**

Email Address: **angelaforbecker@gmail.com**

**Chairperson**

Name: **Angela Becker**

Address: **706 South Meadows Drive**

Address2:

City: **Hesston** State: **KS** Zip: **67062**

Home Telephone: Business Phone: **(707) 536-7101**

Email Address: **angelaforbecker@gmail.com**

**Treasurer**

Name: **Angela Weidenbener**

Address: **3 Jasper Court**

Address2:

City: **North Newton** State: **KS** Zip: **67117**

Home Telephone: **(316) 284-1487** Business Phone: **(316) 288-9005**

Email Address: **aweidenbener@gmail.com**

**Affiliated or  
Connected  
Organizations**

Name: **n/a**

Address: **n/a**

Address2:

City: State: Zip:

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: **7/30/2024 10:15:29 AM** Signature of Chairperson: **Angela Becker**

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

FILED

NOV 21 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 type="checkbox"/> Amended Statement

### COMMITTEE

(PLEASE TYPE OR PRINT)

Name Harvey County Democratic Central Committee

Mailing Address (Street, City, State, Zip Code)  
312 E 10th St. Newton, KS 67114

Business Telephone  
(707) 536-7101

### CHAIRPERSON

Name  
Angela Becker

Home Telephone  
(707) 536-7101

Mailing Address (Street, City, State, Zip Code)  
312 E 10th St. Newton, KS 67114

Business Telephone  
( )

### TREASURER

Name  
Angela Weidenbener

Home Telephone  
(316) 284-1487

Mailing Address (Street, City, State, Zip Code)  
3 Jasper Ct. North Newton, KS 67117

Business Telephone  
(316) 261-4726

### 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."

11/18/22  
(Date)

  
(Signature of Chairperson)