

[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: **Johnson County Democratic Party**
Address: **PO Box 1482**
Address2:
City: **Shawnee Mission** State: **KS** Zip: **66222**
Business Phone: **(913) 735-6266**
Email Address:

Chairperson Name: **Deann Mitchell**
Address: **15985 S Clairborne St**
Address2:
City: **Olathe** State: **KS** Zip: **66062**
Home Telephone: Business Phone:
Email Address: **chair@jocodems.org**

Treasurer Name: **Mark Adams**
Address: **15969 S Clairborne St**
Address2:
City: **Olathe** State: **KS** Zip: **66062**
Home Telephone: Business Phone:
Email Address: **treasurer@jocodems.org**

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: **11/30/2022 8:33:14 PM** Signature of Chairperson: **Deann Mitchell**

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