

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

RECEIVED
 MAR 08 2024
 SCOTT SCHWAB
 SECRETARY OF STATE

COMMITTEE (PLEASE TYPE OR PRINT)

Name	Riley County Democratic Party Central Committee	
Mailing Address (Street, City, State, Zip Code)	1310A Westloop #208	Business Telephone ()

CHAIRPERSON

Name	Carl Reed	Home Telephone (785) 770 7116
Mailing Address (Street, City, State, Zip Code)	1418 Leavenworth St, Manhattan, KS 66502	Business Telephone ()

TREASURER

Name	Judy Burgess	Home Telephone (785) 263 3160
Mailing Address (Street, City, State, Zip Code)	741 Pebblebrook Cir. Apt 3, Manhattan KS 66503	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.

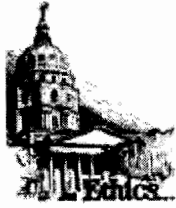
SIGNATURE:

"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."

3-4-24
(Date)

Carl Reed
(Signature of Chairperson)

[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: **Riley County Democratic Central Committee**

Address: **1310A Westloop**

Address2: **#208**

City: **Manhattan** State: **KS** Zip: **66502**

Business Phone:

Email Address:

Chairperson

Name: **Carl Reed**

Address: **1418 Leavenworth St**

Address2:

City: **Manhattan** State: **KS** Zip: **66502**

Home Telephone: Business Phone:

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

Treasurer

Name: **Suzanne Fehr**

Address: **612 Oakbrook Pl**

Address2:

City: **Manhattan** State: **KS** Zip: **66503**

Home Telephone: Business Phone:

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

**Affiliated or
Connected
Organizations**

Name: **Riley County Democratic Central Committee**

Address: **1310A Westloop Pl**

Address2: **#208**

City: **Manhattan** State: **KS** Zip: **66502**

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: **1/5/2024 7:13:55 PM** Signature of Chairperson: **Carl Reed**

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

[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: **Riley County Democratic Party**
Address: **1310A Westloop #208**
Address2:
City: **Manhattan** State: **KS** Zip: **66502**
Business Phone:
Email Address: **chair@rileycountymocrats.org**

Chairperson

Name: **Carl Reed**
Address: **1418 Leavenworth St**
Address2:
City: **Manhattan** State: **KS** Zip: **66502**
Home Telephone: **(785) 770-7116** Business Phone: **(785) 770-7116**
Email Address: **carl_reed@cox.net**

Treasurer

Name: **Suzanne Fehr**
Address: **612 Oakbrook Place**
Address2:
City: **Manhattan** State: **KS** Zip: **66503**
Home Telephone: **(785) 241-9485** Business Phone: **(785) 241-9485**
Email Address: **fehruzanne13@gmail.com**

**Affiliated or
Connected
Organizations**

Name: **Kansas Democratic Party**
Address: **501 SE Jefferson St, Ste. 30**
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: **10/2/2023 3:54:13 PM** Signature of Chairperson: **Carl Reed**

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

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

RECEIVED
 NOV 19 2020
 SCOTT SCHWAB
 SECRETARY OF STATE

COMMITTEE (PLEASE TYPE OR PRINT)

Name	Riley County Democratic Party	
Mailing Address (Street, City, State, Zip Code)	1310 - A Westloop #208 Manhattan, KS 66502	Business Telephone (785) 707-9556

CHAIRPERSON

Name	Kimberly Zito	Home Telephone (813) 316-5463
Mailing Address (Street, City, State, Zip Code)	1013 Cassidy Dr. Manhattan, KS 66502	Business Telephone ()

TREASURER

Name	Gabriel Kerr	Home Telephone (773) 936-6405
Mailing Address (Street, City, State, Zip Code)	2205 Grandview Dr. Manhattan, KS 66502	Business Telephone ()

AFFILIATED OR CONNECTED ORGANIZATIONS

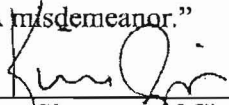
Name	Kansas Democratic Party	
Mailing Address (Street, City, State, Zip Code)	PO Box 1914 Topeka, KS 66601-1914	

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."

16 Nov 2020
(Date)


(Signature of Chairperson)