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

Governmental Ethics Commission
109 W. 9th, Suite 504
Topeka, KS 66612
Phone (785) 296-4219
Fax (785) 296-2548
www.kansas.gov/ethics

This is a (Check one) Party Committee PAC

This is an (Check one) Initial Appointment Amended Statement

Committee Name: **Kansas Democratic LGBT Caucus**
Address: **1349 Svensk Rd**
Address2:
City: **Lindsborg** State: **KS** Zip: **67456**
Business Phone: **(620) 245-7469**
Email Address: **rconcona@gmail.com**

Chairperson Name: **Ryon Carey**
Address: **1349 Svensk Rd**
Address2:
City: **Lindsborg** State: **KS** Zip: **67456**
Home Telephone: **(620) 245-7469** Business Phone: **(620) 245-7469**
Email Address: **rconcona@gmail.com**

Treasurer Name: **Ryon Carey**
Address: **1349 Svensk Rd**
Address2:
City: **Lindsborg** State: **KS** Zip: **67456**
Home Telephone: **(620) 245-7469** Business Phone:
Email Address: **rconcona@gmail.com**

Affiliated or Connected Organizations Name: **Kansas Democratic Party**
Address: **501 SE Jefferson #30**
Address2: **PO Box 1914**
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: **7/19/2016 9:52:52 AM** Signature of Chairperson: **Ryon C. Carey**

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Address2:

City: **Lindsborg** State: **KS** Zip: **67456**Business Phone: **(620) 245-7469**Email Address: **rconcona@gmail.com****Chairperson**Name: **Ryon Carey**Address: **1349 Svensk Rd**

Address2:

City: **Lindsborg** State: **KS** Zip: **67456**Home Telephone: **(620) 245-7469** Business Phone: **(620) 245-7469**Email Address: **rconcona@gmail.com****Treasurer**Name: **William Ballard**Address: **1020 Watson**

Address2:

City: **Emporia** State: **KS** Zip: **66801**Home Telephone: Business Phone: **(620) 343-2718**Email Address: **wballard@cableone.net****Affiliated or Connected Organizations**Name: **Kansas Democratic Party**Address: **700 SW Jackson #706**Address2: **PO Box 1914**City: **Topeka** State: **KS** Zip: **66601**

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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: **2/26/2013 5:26:08 PM** Signature of Chairperson: **Ryon C. Carey, Chair**[Print this form](#) or [Go Back](#)