

[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: **4th Congressional District of Kansas**

Address: **111 1/2 S Hydraulic St**

Address2:

City: **Wichita** State: **KS** Zip: **67211**

Business Phone: **(316) 518-1149**

Email Address: **Jthompson@mdtlawyer.com**

Chairperson Name: **James Thompson**

Address: **601 S Lakeshore Dr**

Address2:

City: **Wichita** State: **KS** Zip: **67230**

Home Telephone: Business Phone: **(316) 734-0670**

Email Address: **Jthompson@mdtlawyer.com**

Treasurer Name: **John Moeder**

Address: **111 1/2 S Hydraulic St**

Address2:

City: **Wichita** State: **KS** Zip: **67211**

Home Telephone: Business Phone: **(316) 518-1149**

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

Affiliated or Connected Organizations Name: **Kansas Democratic Party**

Address: **501 SE Jefferson St, Suite 30**

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: **2/2/2019 3:14:51 PM** Signature of Chairperson: **James A Thompson**

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

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

RECEIVED

JUL 31 2017

SECRETARY OF STATE

(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
JUL 31 2017

COMMITTEE (PLEASE TYPE OR PRINT)

Name	Kansas 4th Congressional District Democratic Party Committee	
Mailing Address (Street, City, State, Zip Code)	515 Manlo Drive Wichita, KS 67204	Business Telephone (316) 838-8437

CHAIRPERSON

Name	Randall K. Rathbun	Home Telephone () not listed
Mailing Address (Street, City, State, Zip Code)	158 N. Roosevelt Wichita, KS 67208	Business Telephone (316) 262-4000

TREASURER

Name	Pat Lehman	Home Telephone (316) 8388437
Mailing Address (Street, City, State, Zip Code)	515 Manlo Drive Wichita, KS 67204	Business Telephone () None

AFFILIATED OR CONNECTED ORGANIZATIONS

Name	Kansas State Democratic Party	
Mailing Address (Street, City, State, Zip Code)	501 SE Jefferson Suite 30 Topeka, KS 66607	

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."

7-27-17
(Date)

Pat Lehman for Randy Rathbun
(Signature of Chairperson)

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

This is a (check one)	<input type="checkbox"/> Party Committee	<input checked="" type="checkbox"/> Political Action Committee
This is an (check one)	<input type="checkbox"/> Initial Statement	<input checked="" type="checkbox"/> Amended Statement

RECEIVED

JUL 2 2017

COMMITTEE (PLEASE TYPE OR PRINT)

Name *Kansas Democratic Committee 4th District*

Mailing Address (Street, City, State, Zip Code) *515 Manlo Drive Wichita, KS* Business Telephone ()

CHAIRPERSON

Name *Randy Rathbun* Home Telephone (*316*) *617-9266*

Mailing Address (Street, City, State, Zip Code) *158 N Roosevelt Wichita, KS* Business Telephone (*316*) *262-4000*

TREASURER

Name *Pat A Lehman* Home Telephone (*316*) *838-8437*

Mailing Address (Street, City, State, Zip Code) *515 Manlo Drive, Wichita, KS* 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."

7/26/17
(Date)

Randy Rathbun
(Signature of Chairperson)

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



**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 4th congressional district democratic party committee**
Address: **p.o. box 1914**
Address2:
City: **topeka** State: **KS** Zip: **66601**
Business Phone: **(785) 234-0425**
Email Address: **info@kansasdems.org**

Chairperson Name: **ken walsh**
Address: **9201 epping lane**
Address2:
City: **halstead** State: **KS** Zip: **67056**
Home Telephone: **(316) 835-2307** Business Phone:
Email Address: **kenneth.walsh@earthlink.net**

Treasurer Name: **pat lehman**
Address: **515 manlo drive**
Address2:
City: **wichita** State: **KS** Zip: **67204**
Home Telephone: **(316) 838-8437** Business Phone:
Email Address: **patlehman@cox.net**

Affiliated or Connected Organizations Name: **kansas democratic party**
Address: **p.o. box 1914**
Address2:
City: **topeka** State: **KS** Zip: **67204**

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: **11/19/2015 9:05:55 AM** Signature of Chairperson: **pat lehman**

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