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**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: **Kansas 2nd Congressional Democratic Committee**

Address: **923 Cherokee St**

Address2:

City: **Humboldt** State: **KS** Zip: **66748**

Business Phone: **(415) 341-7675**

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

**Chairperson** Name: **Alana Cloutier**

Address: **923 Cherokee St**

Address2:

City: **Humboldt** State: **KS** Zip: **66748**

Home Telephone: Business Phone: **(415) 341-7675**

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

**Treasurer** Name: **Lynn Grant**

Address: **202 S. Appleton**

Address2:

City: **Frontenac** State: **KS** Zip: **66763**

Home Telephone: **(620) 308-5518** Business Phone: **(620) 308-5518**

Email Address: **lynng7841@gmail.com**

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

Address: **P.O.Box 1914**

Address2:

City: **Topeka** State: **KS** Zip: **66601**

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: **1/13/2021 1:57:42 PM** Signature of Chairperson: **Alana Cloutier**

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JUL 24 2010

STATEMENT OF ORGANIZATION

KS Governmental Ethics Commission

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

COMMITTEE (PLEASE TYPE OR PRINT)

Name	Kansas 2nd Congressional District Democratic Committee	
Mailing Address (Street, City, State, Zip Code)	16635 Leavenworth Road, Basehor, KS 66007	Business Telephone ( )

CHAIRPERSON

Name	Sherril Grogan	Home Telephone ( 913 ) 226-6705
Mailing Address (Street, City, State, Zip Code)	16635 Leavenworth Road, Basehor, KS 66007	Business Telephone ( )

TREASURER

Name	Lynn Grant	Home Telephone ( 620 ) 249-2676
Mailing Address (Street, City, State, Zip Code)	202 S Appleton, Frontenac, KS 66763	Business Telephone ( )

AFFILIATED OR CONNECTED ORGANIZATIONS

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

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."

7/24/10  
(Date)

*Sherril Grogan*  
(Signature of Chairperson)