## STATEMENT OF ORGANIZATION

## FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(C. D C. I. F.	To to all and
(See Reverse Side Fo	
This is a (check one) Party Committee	✓ Political Action Committee
This is an (check one) Initial Statement	Amended Statement
COMMITTEE (PLEASE TYPE C	OR PRINT)
Name United Democrats of Kansas	
Mailing Address (Street, City, State, Zip Code) PO Box 4166, Topeka, KS, 66604	Business Telephone
CHAIRPERSON	
Name Joan Wagnon	Home Telephone ( 785 ) 286-3254
Mailing Address (Street, City, State, Zip Code) PO Box 8303, Topeka, KS, 66608	Business Telephone
TREASURER	
Name	Home Telephone
Joan Wagnon	(100 ) 200 0204
Mailing Address (Street, City, State, Zip Code) PO Box 8303, Topeka, KS, 66608	Business Telephone
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name	
Mailing Address (Street, City, State, Zip Code)	
If not connected or affiliated with an organization, identify the Electing Democrats to the Kansas House of Representations.	
Electing Democrats to the Nansas Flouse of Repress	ontatives.
SIGNATURE:	
"I declare that this statement has been examined by me and	d to the best of my knowledge and
belief is true, correct and complete. I understand that the i	
or intentionally filing a false document is a class A misden	meanor."
3/10/2021	ature of Chairperson)
(Date) (Sign	ature of Chairperson)
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## STATEMENT OF ORGANIZATION

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FOR POLITICAL ACTION COMMITTEES AND PARTY CO	nmental Lang Commission OMMITTEES	
(See Reverse Side For Instructions)	_	
This is a (check one) Party Committee Political Action Committee	е	
This is an (check one) Initial Statement Amended Statement		
COMMITTEE (PLEASE TYPE OR PRINT)		
Name United Democrats of Kansas		
Mailing Address (Street, City, State, Zip Code) PO Box 1582 Lawrence, KS 66044 ( )	ne	
CHAIRPERSON		
Name Lori Hutfles Home Telephone (785)841	4787	
Mailing Address (Street, City, State, Zip Code) 1028 Summerfield Way, Lawrence (785) 550	ne -6453	
TREASURER		
Name Carmen Alldritt (620) 243	- 2588	
Mailing Address (Street, City, State, Zip Code)  Business Telephor  AVE TOPEKA ULU ()	ne	
•		
AFFILIATED OR CONNECTED ORGANIZATIONS  Name		
T valie		
Mailing Address (Street, City, State, Zip Code)		
If not connected or affiliated with an organization, identify the trade, profession, or primary inte	erest of the contributors.	
Electing Democrats to the Kansas House	of	
Representatives		
SIGNATURE:		
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12.00.101 XMIN MITTELS		
(Date) (Signature of Chairperson)		

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FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES	Þ
(See Reverse Side For Instructions)  APR 2 2 20	9
This is a (check one)  Party Committee  Political Action Committee  SCOTT SCHW SEGRETARY OF  This is an (check one)  Initial Statement  Amended Statement	AB STATE
COMMITTEE (PLEASE TYPE OR PRINT)	
Name United Democrats of Kansas	
Mailing Address (Street, City, State, Zip Code)  Business Telephone  PO BOX 1582 LAWVENCE KS (26044 ( )	
CHAIRPERSON	
Name Lori M. Hutfles  Home Telephone (785) 841-4787	
Mailing Address (Street, City, State, Zip Code)  1028 SUMMERFIELD WAY  Business Telephone (785) 550-6453	
TREASURER	
Name Lori M. Hutfles Home Telephone (785) 841-4787	
Mailing Address (Street, City, State, Zip Code)  1029 SUMMER FIELD WAY  Business Telephone (785) 550 - (453)	
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.  Electing Democrats to the Kankas House of Representatives	
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."  (Date)  (Signature of Chairperson)	
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