

[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: **Kansas Young Democrats**
Address: **501 SE Jefferson St. Suite 30**
Address2:
City: **Topeka** State: **KS** Zip: **66607**
Business Phone:
Email Address:

Chairperson Name: **Ryan Reza**
Address: **3601 Clinton Parkway #A202**
Address2:
City: **Lawrence** State: **KS** Zip: **66047**
Home Telephone: Business Phone: **(785) 431-3625**
Email Address: **kansasyoungdems@gmail.com**

Treasurer Name: **Andrew Lee**
Address: **5129 Kenton St.**
Address2:
City: **Shawnee** State: **KS** Zip: **66226**
Home Telephone: Business Phone: **(913) 905-9600**
Email Address: **andrewlee917@gmail.com**

**Affiliated or
Connected
Organizations** Name: **Kansas Democratic Party**
Address: **501 SE Jefferson St. Suite 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: **4/6/2020 12:34:38 PM** Signature of Chairperson: **Ryan Reza**

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

JUL 12 2018

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 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

COMMITTEE (PLEASE TYPE OR PRINT)

Name	Kansas Young Democrats	
Mailing Address (Street, City, State, Zip Code)	Business Telephone	
PO Box 3134, Lawrence, KS 66046	()	

CHAIRPERSON

Name	Home Telephone
Damien Gilbert	(316) 347-3886
Mailing Address (Street, City, State, Zip Code)	Business Telephone
5000 W Clinton Pkwy #1106, Lawrence, KS 66047	()

TREASURER

Name	Home Telephone
Christiaan Ramirez	(913) 734-1234 231-0557
Mailing Address (Street, City, State, Zip Code)	Business Telephone
1805 Woodland Blvd, Kansas City, KS 66106	()

AFFILIATED OR CONNECTED ORGANIZATIONS


Name	Kansas Democratic Party
Mailing Address (Street, City, State, Zip Code)	501 SE Jefferson St, Ste #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."

7/12/18
(Date)


(Signature of Chairperson)