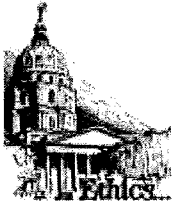


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**Campaign Finance
Statement of Organization
For Political Action Committees
And Party Committees**

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: **Johnson County Young Democrats**
Address: **P.O. Box 19578**
Address2:
City: **Lenexa** State: **KS** Zip: **66285**
Business Phone:
Email Address: **Jocoyoungdems@gmail.com**

Chairperson Name: **Alyssa Hoedl**
Address: **3801 Somerset Dr.**
Address2: **Apt 202**
City: **Prairie Village** State: **KS** Zip: **66208**
Home Telephone: Business Phone:
Email Address: **alyssa.hoedl@gmail.com**

Treasurer Name: **Kaylie Miller**
Address: **9518 Melrose St.**
Address2:
City: **Overland Park** State: **KS** Zip: **66214**
Home Telephone: Business Phone:
Email Address: **kberkley2013@yahoo.com**

**Affiliated or
Connected
Organizations** Name: **Kansas Young Democrats**
Address: **PO Box 3134**
Address2:

City: **Lawrence** State: **KS** Zip: **66046**

If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

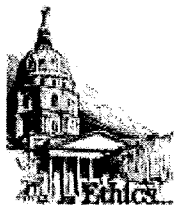
I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor.

Executed on:

Date: **10/15/2020 2:07:10 PM** Signature of Chairperson: **Alyssa M Hoedl**

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This is a (Check one) Party Committee PAC

This is an (Check one) Initial Appointment Amended Statement

Committee Name: **Johnson County Young Democrats**

Address: **P.O. Box 19578**

Address2:

City: **Lenexa** State: **KS** Zip: **66285**

Business Phone:

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

Chairperson Name: **Alyssa Hoedl**

Address: **17446 W 161st St**

Address2:

City: **Olathe** State: **KS** Zip: **66062**

Home Telephone: Business Phone:

Email Address: **alyssa.hoedl@gmail.com**

Treasurer Name: **Cole Strickland**

Address: **5327 Briar St**

Address2:

City: **Roeland Park** State: **KS** Zip: **66205**

Home Telephone: Business Phone:

Email Address: **colestr26@gmail.com**

Affiliated or Name: **Kansas Young Democrats**

Connected Address: **PO Box 3134**

Organizations Address2:

City: **Lawrence** State: **KS** Zip: **66046**

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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: **7/7/2020 9:25:45 AM** Signature of Chairperson: **Alyssa Hoedl**

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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
 NOV 05 2019
 SCOTT SCHWAB
 SECRETARY OF STATE

COMMITTEE (PLEASE TYPE OR PRINT)

Name	Johnson County Young Democrats	
Mailing Address (Street, City, State, Zip Code)	P.O. Box 19578, Lenexa, KS, 66285	
Business Telephone	()	

CHAIRPERSON

Name	Shawn Moore	Home Telephone	(402) 250-5710	
Mailing Address (Street, City, State, Zip Code)	14081 College Blvd. apt. 5308		Business Telephone	(913) 253-9401

TREASURER

Name	WILLIAM COLE STRICKLAND	Home Telephone	(918) 606-1974	
Mailing Address (Street, City, State, Zip Code)	8961 WIDMER, LENEXA, KS, 66215		Business Telephone	(918) 606-1974

AFFILIATED OR CONNECTED ORGANIZATIONS

Name	Kansas Young Democrats		
Mailing Address (Street, City, State, Zip Code)	P.O. Box 3134 Lawrence, KS 66046		

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."

10/22/2019
(Date)

Shawn Moore
(Signature of Chairperson)

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This is an (Check one) Initial Appointment Amended Statement

Committee Name: **Johnson County Young Democrats**

Address: **P.O. Box 19578**

Address2:

City: **Lenexa** State: **KS** Zip: **66285**

Business Phone:

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

Chairperson Name: **Lindsay Vaughn**

Address: **5100 Foxridge Dr.**

Address2: **Apt. 1923**

City: **Mission** State: **KS** Zip: **66202**

Home Telephone: Business Phone:

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

Treasurer Name: **Shawn Moore**

Address: **14081 College Blvd.**

Address2: **Apt 5308**

City: **Olathe** State: **KS** Zip: **66215**

Home Telephone: **(402) 250-5710** Business Phone:

Email Address: **mooreofshawn@outlook.com**

Affiliated or Connected Organizations Name: **Kansas Young Democrats**

Address: **PO Box 3134**

Address2:

City: **Lawrence** State: **KS** Zip: **66046**

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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: **7/1/2019 9:12:03 PM** Signature of Chairperson: **Lindsay Vaughn**

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