

[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 High School Democrats**
Address: **1717 West 7th Street**
Address2:
City: **Lawrence** State: **KS** Zip: **66044**
Business Phone: **(785) 766-6398**
Email Address: **hsdemsk@gmail.com**

Chairperson Name: **Lyle Griggs**
Address: **1717 West 7th Street**
Address2:
City: **Lawrence** State: **KS** Zip: **66044**
Home Telephone: Business Phone: **(785) 766-6398**
Email Address: **lyledmriggs@gmail.com**

Treasurer Name: **Sam Lopez**
Address: **2828 Gill Ave**
Address2:
City: **Lawrence** State: **KS** Zip: **66047**
Home Telephone: Business Phone: **(785) 393-9658**
Email Address: **sglopez19467@gmail.com**

Affiliated or Connected Organizations Name:
Address:
Address2:
City: State: Zip:

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

The Kansas High School Democrats is an organization run by and for students between the ages of 11 and 18. Our purpose is primarily political, hence our status as a PAC.

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: **10/26/2020 12:16:37 AM** Signature of Chairperson: **Lyle Griggs**

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

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

RECEIVED
JUN 30 2020
SCOTT SCHWAB
SECRETARY OF STATE

(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 High School Democrats	
Mailing Address (Street, City, State, Zip Code)	Business Telephone	
1717 West 7th Street, Lawrence, KS, 66044	(785)	766-6398

CHAIRPERSON

Name	Lyle D. Griggs	Home Telephone	(785) 766-6398
Mailing Address (Street, City, State, Zip Code)	Business Telephone		
1717 West 7th Street, Lawrence, KS, 66044	()		

TREASURER

Name	Samuel Lopez	Home Telephone	(785) 393-9658
Mailing Address (Street, City, State, Zip Code)	Business Telephone		
2828 Gill Avenue, Lawrence, KS, 66044	()		

AFFILIATED OR CONNECTED ORGANIZATIONS

Name	High School Democrats of America
Mailing Address (Street, City, State, Zip Code)	614 West Wayne Ave, Wayne, Pennsylvania, 19087

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."

6/30/2020
(Date)


(Signature of Chairperson)

[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 High School Democrats**

Address: **1636 W 21 Terrace**

Address2:

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

Business Phone: **(785) 424-4561**

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

Chairperson Name: **Samantha Turner**

Address: **1636 W 21st Terrace**

Address2:

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

Home Telephone: Business Phone: **(785) 424-4561**

Email Address: **sturner@hsdems.org**

Treasurer Name: **Rachel Krambeer**

Address: **2721 Inverness Court**

Address2:

City: **Lawrence** State: **KS** Zip: **66047**

Home Telephone: Business Phone: **(785) 813-8212**

Email Address: **rachelk2721@gmail.com**

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

Address: **PO 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: **3/10/2020 11:15:09 AM** Signature of Chairperson: **Samantha Turner**

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