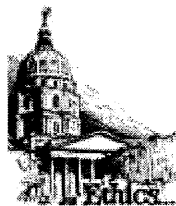


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**Campaign Finance
Statement of Organization
For Political Action Committees
And Party Committees**

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 Democratic Disability Caucus**

Address: **1133D SW Glendale Dr**

Address2:

City: **Topeka** State: **KS** Zip: **66604**

Business Phone: **(785) 383-6064**

Email Address: **j3cheray@gmail.com**

Chairperson Name: **Joe Cheray**

Address: **1133D SW Glendale Dr**

Address2:

City: **Topeka** State: **KS** Zip: **66604**

Home Telephone: **(785) 383-6064** Business Phone: **(785) 383-6064**

Email Address: **j3cheray@gmail.com**

Treasurer Name: **Lori Blake**

Address: **339 SE Green Rd**

Address2:

City: **Tecumseh** State: **KS** Zip: **66542**

Home Telephone: **(785) 379-1952** Business Phone: **(785) 379-1952**

Email Address: **lblake383@gmail.com**

Affiliated or Name: **Kansas Democratic Party**

Connected Address: **501 SE Jefferson St**

Organizations Address2: **Suite 30**

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: **10/5/2021 11:37:26 AM** Signature of Chairperson: **Joe Cheray**

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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

COMMITTEE

(PLEASE TYPE OR PRINT)

MAR 26 2021

Name
Kansas Democratic Disability Caucus

KS Governmental Ethics Commission

Mailing Address (Street, City, State, Zip Code)
1133 D SW Glendale Dr Topeka Ks 66604

Business Telephone
(785) 383-6064

CHAIRPERSON

Name
Joe Cheray

Home Telephone
(785) 383-6064

Mailing Address (Street, City, State, Zip Code)
1133D SW Glendale Dr Topeka Ks 66604

Business Telephone
()

TREASURER

Name
Robert Choromanski

Home Telephone
(785) 608-4685

Mailing Address (Street, City, State, Zip Code)
8545 Oakview Dr. Lenexa Ks. 66215

Business Telephone
()

AFFILIATED OR CONNECTED ORGANIZATIONS

Name
Kansas Democratic Party

Mailing Address (Street, City, State, Zip Code)
501 SE Jefferson St, Suite 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."

3-25-2021
(Date)

Joe Cheray
(Signature of Chairperson)