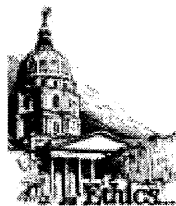


[Print this form](#) or [Go Back](#)



**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 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**

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