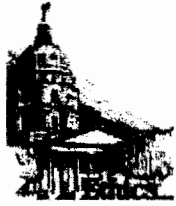


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**Campaign Finance
Statement of Organization
For Political Action Committees
And Party Committees**

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

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KS Governmental Ethics Commission

Committee

Name: **Vote Freedom In PAC**
Address: **PO Box 1486**
Address2:
City: **Lawrence** State: **KS** Zip: **66044**
Business Phone: **(785) 504-9054**
Email Address: **votenokansas@gmail.com**

Chairperson

Name: **Melinda Lavon**
Address: **539 Ohio St**
Address2:
City: **Lawrence** State: **KS** Zip: **66044**
Home Telephone: **(785) 979-2477** Business Phone:
Email Address: **melindalavon0107@gmail.com**

Treasurer

Name: **Melinda Lavon**
Address: **539 Ohio ST**
Address2:
City: **Lawrence** State: **KS** Zip: **66044**
Home Telephone: Business Phone: **(785) 979-2477**
Email Address: **melindalavon0107@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.

We exist to support the public regarding all election issues impacting the salubrity and freedom of Kansans including candidates who will advance reproductive healthcare, marijuana legalization, voting rights, food access, environment, housing, and wages.

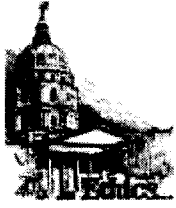
I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor.

Executed on:

Date: **9/14/2023 1:54:57 PM** Signature of Chairperson: **Melinda Lavon**

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ethics.kansas.gov

This is a (Check one) Party Committee PAC

This is an (Check one) Initial Appointment Amended Statement

Committee Name: **A More Salubrious Kansas**
Address: **PO Box 1486**
Address2:
City: **Lawrence** State: **KS** Zip: **66044**
Business Phone: **(785) 504-9054**
Email Address: **votenokansas@gmail.com**

Chairperson Name: **Melinda Lavon**
Address: **539 Ohio St**
Address2:
City: **Lawrence** State: **KS** Zip: **66044**
Home Telephone: **(785) 979-2477** Business Phone:
Email Address: **melindalavon0107@gmail.com**

Treasurer Name: **Jasmine Bates**
Address: **809 Massachusetts ST**
Address2: **Apt C**
City: **Lawrence** State: **KS** Zip: **66044**
Home Telephone: **(785) 979-8941** Business Phone:
Email Address: **jasminebates7777@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.

Our purpose is to educate and support the public regarding elections impacting the salubrity of Kansans including advocating for candidates whose policies advocate for reproductive healthcare, marijuana legalization, voting rights, food or nutrition acces

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.

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Date: **8/30/2022 2:20:15 PM** Signature of Chairperson: **Melinda Lavon**

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