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

Governmental Ethics Commission
109 W. 9th, Suite 504
Topeka, KS 66612
Phone (785) 296-4219
Fax (785) 296-2548
www.kansas.gov/ethics

This is a (Check one) ☒ Party Committee ☐ PAC

This is an (Check one) ☒ Initial Appointment ☐ Amended Statement

Committee Name: **McPherson County Democrats**
Address: **609 W. Kansas**
Address2:
City: **McPherson** State: **KS** Zip: **67460**
Business Phone: **(620) 242-4840**
Email Address: **mcphersoncountymocrats@gmail.com**

Chairperson Name: **Von Peterson**
Address: **609 W. Kansas**
Address2:
City: **McPherson** State: **KS** Zip: **67460**
Home Telephone: Business Phone: **(620) 242-4840**
Email Address: **vlpete@att.net**

Treasurer Name: **Ryon Carey**
Address: **1349 Svensk Rd**
Address2:
City: **Lindsborg** State: **KS** Zip: **67456**
Home Telephone: Business Phone: **(620) 245-7469**
Email Address: **rconcona@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: **10/29/2016 10:38:51 AM** Signature of Chairperson: **Von Peterson**

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This is a (Check one) ☒ Party Committee ☐ PAC

This is an (Check one) ☐ Initial Appointment ☒ Amended Statement

Committee Name: **McPherson County Democrats**
Address: **1337 N Terrace**
Address2:
City: **McPherson** State: **KS** Zip: **67460**
Business Phone: **(620) 755-9015**
Email Address: **chairman@mcphersoncodems.com**

Chairperson Name: **Jason Chaika**
Address: **1337 N. Terrace**
Address2:
City: **McPherson** State: **KS** Zip: **67460**
Home Telephone: Business Phone: **(620) 755-9015**
Email Address: **chairman@mcphersoncodems.com**

Treasurer Name: **Ryon Carey**
Address: **1349 Svensk Rd**
Address2:
City: **Lindsborg** State: **KS** Zip: **67456**
Home Telephone: Business Phone: **(620) 245-7469**
Email Address: **sandzen@sbcglobal.net**

**Affiliated or
Connected
Organizations** Name: **Kansas Democratic Party**
Address: **700 SW Jackson #706**
Address2:
City: **Topeka** State: **KS** Zip: **66603**

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Executed on:

Date: **10/23/2014 1:57:30 PM** Signature of Chairperson: **Jason Chaika**

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This is a (Check one) ☒ **Party Committee** ☐ **PAC**

This is an (Check one) ☒ **Initial Appointment** ☐ **Amended Statement**

Committee

Name: **McPherson County Democrats**
Address: **PO Box 92**
Address2: **315 N. Lincoln**
City: **Marquette** State: **KS** Zip: **67464**
Business Phone: **(785) 227-0769**
Email Address: **chairman@mcphersoncodems.com**

Chairperson

Name: **Randy Jirak**
Address: **315 N. Lincoln**
Address2: **PO Box 92**
City: **Marquette** State: **KS** Zip: **67464**
Home Telephone: Business Phone: **(620) 755-4020**
Email Address: **chairman@mcphersoncodems.com**

Treasurer

Name: **Ryon Carey**
Address: **1349 Svensk Rd**
Address2:
City: **Lindsborg** State: **KS** Zip: **67456**
Home Telephone: Business Phone: **(620) 245-7469**
Email Address: **treasurer@mcphersoncodems.com**

**Affiliated or Connected
Organizations**

Name: **Kansas Democratic Party**
Address: **700 SW Jackson #706**
Address2:
City: **Topeka** State: **KS** Zip: **66603**

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: **8/19/2012 10:43:08 PM** Signature of Chairperson: **Randy Jirak, Chair**

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