STATEMENT OF ORGANIZATION

KRIS W. KOBACH SECRETARY OF STATE

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

		(See Reverse Side F	For Instruction	ons)		
ę	This is a (check one)	✓ Party Committe	e Poli	itical Action Committee		
	This is an (check one)	Initial Statemer	nt An	mended Statement		
COMMITTEE		(PLEASE TYPE	OR PRINT)			
Name Leaven	worth County Democra	ats Central Committe	ee			
	ss (Street, City, State, worth Road, Basehor,		(Business Telephone 913) 226-6705		
CHAIRPERSO	N			_		
Name Sherri C	Grogan			Home Telephone (913) 226-6705		
	ss (Street, City, State, worth Road, Basehor, K		(Business Telephone		
TREASURER		-				
Name William	Strobel		12	Home Telephone 913) 758-0888		
Mailing Addre	ss (Street, City, State, Street, Leavenworth,	Zip Code) KS 66048	(Business Telephone		
AFFILIATED	OR CONNECTED O	RGANIZATIONS				
Name	Democratic Party	1.00				
75.0	ss (Street, City, State, Topeka, KS 66601	Zip Code)				
If not connected of	or affiliated with an orga	anization, identify the	e trade, profes	ssion, 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 of misdemeanor."						
11/14/18 (Date)		Sherré	nature of Cha	2000)	_	
Governmental E	thics Commission	(Dig	incuit of oll	mir b 410011)	Rev.2000	

STATEMENT OF ORGANIZATION

FOR PO	LITICAL ACTI	ON COMMITTE	EES AND PARTY (COMMIFTEED		
		(See Reverse Side For	Instructions)	NOV 2 6 2018		
	This is a (check one)	✓ Party Committee	Political Action Comm			
	This is an (check one)	Initial Statement	Amended Statement	SECRETARY OF STATE		
COMMITTEE	,	(PLEASE TYPE O	R PRINT)			
Name Leaven	worth County Democr	ats Central Committee				
	ss (Street, City, State,		Business Telep	hone 6705		
10033 Leavel	Worth (Cau, Dasenor	, 100007	(310) 220	0703		
CHAIRPERSO	ON					
Name Sherri (Grogan		Home Telephon (913) 226	e -6705		
	ss (Street, City, State, worth Road, Basehor, h		Business Telep	hone		
TREASURER						
Name			Home Telephon	11		
	Strobel ss (Street, City, State,	7in Code)	(913) 758 Business Telep	3-0888		
1715 Dakota	Street, Leavenworth,	KS 66048	()	none		
AFFILIATED	OR CONNECTED O	RGANIZATIONS				
Name Kansas	Democratic Party					
-	ss (Street, City, State,	Zip Code)				
PO Box 1914,	Topeka, KS 66601					
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 of misdemeanor."						
11/14/19 Storn 1						
(Date)		(Signa	ture of Chairperson)			
Governmental F	thics Commission			Rev 2000		

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTE	EES AND PARTY C	COMMITTEES					
(See Reverse Side For	FILE						
This is a (check one) Party Committee This is an (check one) Initial Statement	Political Action Commi	NOV 2 8 2016					
COMMITTEE (PLEASE TYPE OF	R PRINT)	KRIS W. KOBACH SECRETARY OF STATE					
Name Lyon County Democratic Party							
Mailing Address (Street, City, State, Zip Code) 2261 Burlingame Street Emporia KS, 66801	Business Telepl (620) 794-	1011e 0410					
CHAIRPERSON							
Name Jeremy Adkison	Home Telephone (620) 794-	0410					
Mailing Address (Street, City, State, Zip Code) 2261 Burlingame Street Emporla KS, 66801	Business Teleph	none					
TREASURER							
Name Doug McGaw	Home Telephone (620) 757	-1051					
Mailing Address (Street, City, State, Zip Code) 1809 Briarcliff Lane Emporia, KS, 66801	Business Telepl	none					
AFFILIATED OR CONNECTED ORGANIZATIONS							
Name Kansas Democratic Party							
Mailing Address (Street, City, State, Zip Code) 501 SE Jefferson Street #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."							
11-21-16							
	ure of Chairperson)						
Governmental Ethics Commission		/					