

[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: **Cloud County Democratic Party**
Address: **436 W 6th St**
Address2:
City: **Concordia** State: **KS** Zip: **66901**
Business Phone:
Email Address: **proegge@gmail.com**

Chairperson Name: **Paula Roegge**
Address: **436 W 6th St**
Address2:
City: **Concordia** State: **KS** Zip: **66901**
Home Telephone: **(785) 614-4041** Business Phone:
Email Address: **proegge@gmail.com**

Treasurer Name: **Pauline Cassel**
Address: **615 E 10th St**
Address2:
City: **Concordia** State: **KS** Zip: **66901**
Home Telephone: **(785) 614-1127** Business Phone:
Email Address: **pcassel@nckcn.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: **11/26/2019 4:00:51 PM** Signature of Chairperson: **Paula Roegge**

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

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

FILED

JAN 22 2019

SCOTT SCHWAB
SECRETARY OF STATE

(See Reverse Side For Instructions)

This is a (check one)	<input checked="" type="checkbox"/> Party Committee	<input type="checkbox"/> Political Action Committee
This is an (check one)	<input type="checkbox"/> Initial Statement	<input type="checkbox"/> Amended Statement

COMMITTEE CLOUD DEMS (PLEASE TYPE OR PRINT)

Name SUSAN SUTTON

Mailing Address (Street, City, State, Zip Code)	Business Telephone
<u>1408 EAST 11TH ST CONCORDIA, KS 66901</u>	<u>(785) 243-7861</u>

CHAIRPERSON

Name	<u>SAME AS ABOVE</u>	Home Telephone
		()

Mailing Address (Street, City, State, Zip Code)	Business Telephone
	()

TREASURER

Name	<u>LUANN MILLER</u>	Home Telephone
		<u>(785) 243-7309</u>

Mailing Address (Street, City, State, Zip Code)	Business Telephone
<u>525 PECK AVE, CONCORDIA, KS 66901</u>	()

AFFILIATED OR CONNECTED ORGANIZATIONS

Name

Mailing Address (Street, City, State, Zip Code)

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."

15 January 2019
(Date)

Susan Sutton
(Signature of Chairperson)