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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**

Committee Name: **Leavenworth County Democratic Central Committee**

Address: **618 Cherokee Street**

Address2:

City: **Leavenworth** State: **KS** Zip: **66048**

Business Phone: **(913) 226-6705**

Email Address: **sdr7304@gmail.com**

Chairperson Name: **Sherri Grogan**

Address: **16635 Leavenworth Road**

Address2:

City: **Basehor** State: **KS** Zip: **66007**

Home Telephone: **(913) 226-6705** Business Phone: **(913) 226-6705**

Email Address: **sdr7304@gmail.com**

Treasurer Name: **William Strobel**

Address: **1715 Dakota Street**

Address2:

City: **Leavenworth** State: **KS** Zip: **66048**

Home Telephone: **(913) 758-0888** Business Phone: **(913) 758-0888**

Email Address: **wstrobel@sbcglobal.et**

Affiliated or Name: **Leavenworth County Democratic Party**

Connected Address: **618 Cherokee**

Organizations Address2:

City: **Leavenworth** State: **KS** Zip: **66048**

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: **7/30/2020 4:29:40 PM** Signature of Chairperson: **Sherri Grogan**

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KRIS W. KOBACH
SECRETARY OF STATE

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(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 (PLEASE TYPE OR PRINT)

| | | | |
|---|--|--|--|
| Name | Leavenworth County Democrats Central Committee | | |
| Mailing Address (Street, City, State, Zip Code) | 16635 Leavenworth Road, Basehor, KS 66007 | | Business Telephone (913) 226-6705 |

CHAIRPERSON

| | | |
|---|--|------------------------------------|
| Name | Sherrri Grogan | Home Telephone (913) 226-6705 |
| Mailing Address (Street, City, State, Zip Code) | 16635 Leavenworth Road, Basehor, KSs 66007 | |
| | | Business Telephone () |

TREASURER

| | | |
|---|---|------------------------------------|
| Name | William Strobel | Home Telephone (913) 758-0888 |
| Mailing Address (Street, City, State, Zip Code) | 1715 Dakota Street, Leavenworth, KS 66048 | |
| | | Business Telephone () |

AFFILIATED OR CONNECTED ORGANIZATIONS

| | | | |
|---|-------------------------------|--|--|
| Name | Kansas Democratic Party | | |
| Mailing Address (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 A misdemeanor."

11/14/18
(Date)

Sherrri Grogan
(Signature of Chairperson)