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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 22 Amended Statement |
|---------------|---|
| Committee | Name: Leavenworth County Democratic Party |
| | Address: 4914 Girard Street |
| | Address2: |
| | City: Leavenworth State: KS Zip: 66048 |
| | Business Phone: (913) 727-5216 |
| | Email Address: leavenworthcountydemocrats@gmail.com |
| Chairperson | Name: Joana Scholtz |
| | Address: 4914 Girard Street |
| | Address2: |
| | City: Leavenworth State: KS Zip: 66048 |
| | Home Telephone: (913) 775-2462 Business Phone: (913) 727-5216 |
| | Email Address: jscholtz4914@gmail.com |
| Treasurer | Name: Holly Pittman |
| | Address: 1108 Broadway St |
| | Address2: |
| | City: Leavenworth State: KS Zip:66048 |
| | Home Telephone: (913) 449-8991 Business Phone: (913) 449-8991 |
| | Email Address: hollyshehorn@gmail.com |
| Affiliated or | Name: Kansas Democratic Party |
| Connected | Address: P.O.Box 1914 |
| Organizations | 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: 12/8/2020 2:10:13 PM Signature of Chairperson: Joana G. Scholtz

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|----------------|--|--|--|--|--|
| | This is a (Check one) Party Committee PAC | | | | |
| | This is an (Check one) 🗌 Initial Appointment 🛛 🖾 A | mended Statement | | | |
| Committee | Name: Leavenworth County Democratic Central Com | mittee | | | |
| | 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 | 3) 226-6705 | | | |
| T | 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 | 7750-0000 | | | |
| Affiliated or | Name: Leavenworth County Democratic Party | | | | |
| Connected | Address: 618 Charokan | | | | |
| Organizations | Address2: | | | | |
| | City: Leavenworth State: KS Zip: 66048 | | | | |
| | If not connected or affiliated with an organization, identifinterest of the contributors. | by the trade, profession, or primary | | | |
| I declare that | this statement has been examined by me and to the bes | t of my knowledge and belief is true, | | | |

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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| STATEMENT OF | ORGANIZATION | KRIS W. KOBACI SECRETARY OF ST |
| FOR POLITICAL ACTION COMMI | TTEES AND PARTY CC | OMMITTEES |
| (See Reverse Sid | le For Instructions) | _ |
| This is a (check one) V Party Comm | hittee Political Action Committee | e |
| This is an (check one) Initial State | ment Amended Statement | |
| COMMITTEE (PLEASE TY | PE OR PRINT) | |
| Name Leavenworth County Democrats Central Comm | nittee | |
| Mailing Address (Street, City, State, Zip Code) 16635 Leavenworth Road, Basehor, KS 66007 | Business Telephor (913) 226-67 | |
| CHAIRPERSON | | |
| Name Sherri Grogan | Home Telephone (913) 226-67 | '05 |
| Mailing Address (Street, City, State, Zip Code) 16635 Leavenworth Road, Basehor, KSs 66007 | Business Telepho () | ne |
| TREASURER | | |
| Name | Home Telephone | |
| William Strobel | (913) 758-04 Business Talanha | |
| Mailing Address (Street, City, State, Zip Code) 1715 Dakota Street, Leavenworth, KS 66048 | Business Telepho () | ne |
| AFFILIATED OR CONNECTED ORGANIZATION | IS | |
| 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 interview | erest of the contributors |
| | | |
| SIGNATURE: "I declare that this statement has been examined by m belief is true, correct and complete. I understand that or intentionally filing a false document is a class of mi | the intentional failure to file this d | |
| (Date) (Governmental Ethics Commission | Signature of Chaliperson) | Rev.200 |

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