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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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