

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 checked="" type="checkbox"/> Amended Statement

**RECEIVED**  
 NOV 19 2020  
 SCOTT SCHWAB  
 SECRETARY OF STATE

COMMITTEE (PLEASE TYPE OR PRINT)

Name	Riley County Democratic Party	
Mailing Address (Street, City, State, Zip Code)	1310 - A Westloop #208 Manhattan, KS 66502	Business Telephone ( 785 ) 707-9556

CHAIRPERSON

Name	Kimberly Zito	Home Telephone ( 813 ) 316-5463
Mailing Address (Street, City, State, Zip Code)	1013 Cassidy Dr. Manhattan, KS 66502	Business Telephone ( )

TREASURER

Name	Gabriel Kerr	Home Telephone ( 773 ) 936-6405
Mailing Address (Street, City, State, Zip Code)	2205 Grandview Dr. Manhattan, KS 66502	Business Telephone ( )

AFFILIATED OR CONNECTED ORGANIZATIONS

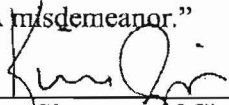
Name	Kansas Democratic Party	
Mailing Address (Street, City, State, Zip Code)	PO Box 1914 Topeka, KS 66601-1914	

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."

16 Nov 2020  
(Date)

  
(Signature of Chairperson)

[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: **Riley County Democratic Central Committee**

Address: **1310A Westloop, #208**

Address2:

City: **Manhattan** State: **KS** Zip: **66502**

Business Phone: **(785) 313-0663**

Email Address:

**Chairperson** Name: **Carl Reed**

Address: **1418 Leavenworth Ave.**

Address2:

City: **Manhattan** State: **KS** Zip: **66502**

Home Telephone: **(785) 770-7116** Business Phone: **(785) 770-7116**

Email Address: **carl\_reed@cox.net**

**Treasurer** Name: **Linda Johnson**

Address: **133 N. Dartmouth Drive**

Address2:

City: **Manhattan** State: **KS** Zip: **66503**

Home Telephone: **(785) 776-2276** Business Phone:

Email Address: **lindajohnson@kansas.net**

**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: **1/9/2020 1:50:01 PM** Signature of Chairperson: **Carl Reed**

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

[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: **Riley County Democratic Central Committee**

Address: **1310A Westloop, #208**

Address2:

City: **Manhattan** State: **KS** Zip: **66502**

Business Phone: **(785) 770-7116**

Email Address:

**Chairperson** Name: **Carl Reed**

Address: **1418 Leavenworth**

Address2:

City: **Manhattan** State: **KS** Zip: **66502**

Home Telephone: **(785) 770-7116** Business Phone:

Email Address: **carl\_reed@cox.net**

**Treasurer** Name: **Linda Johnson**

Address: **133 N. Dartmouth Drive**

Address2:

City: **Manhattan** State: **KS** Zip: **66503**

Home Telephone: **(785) 776-2276** Business Phone:

Email Address: **lindajohnson@kansas.net**

**Affiliated or** Name: **Kansas Democratic Party**

**Connected** Address: **PO Box 1914**

**Organizations**

Address2:

City: **Topeka** State: **KS** Zip: **66601-1914**

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: **1/24/2019 11:02:30 AM** Signature of Chairperson: **Carl Reed**

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