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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: **Wyandotte County Democratic Central Committee**

Address: **P.O. Box 12426**

Address2:

City: **Kansas City** State: **KS** Zip: **66112**

Business Phone: **(913) 514-4605**

Email Address: **barberjm03@outlook.com**

**Chairperson** Name: **Jacques Barber**

Address: **7924 Troup Avenue**

Address2:

City: **Kansas City** State: **KS** Zip: **66112**

Home Telephone: **(913) 514-4605** Business Phone: **(913) 514-4605**

Email Address: **barberjm03@outlook.com**

**Treasurer** Name: **Jacques Barber**

Address: **7924 Troup Avenue**

Address2:

City: **Kansas City** State: **KS** Zip: **66112**

Home Telephone: **(913) 514-4605** Business Phone: **(913) 514-4605**

Email Address: **barberjm03@outlook.com**

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

Address: **501 SE Jefferson, Ste. 30**

Address2:

City: **Topeka** State: **KS** Zip: **66607**

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: **1/7/2020 3:15:34 PM** Signature of Chairperson: **Jacques Barber**

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Business Phone: **(913) 514-4605**

Email Address: **barberjm03@outlook.com**

**Chairperson** Name: **Jacques Barber**

Address: **7924 Troup Avenue**

Address2:

City: **Kansas City** State: **KS** Zip: **66112**

Home Telephone: **(913) 299-2860** Business Phone: **(913) 514-4605**

Email Address: **barberjm03@outlook.com**

**Treasurer** Name: **Christian Ramirez**

Address: **PO Box 12426**

Address2:

City: **Kansas City** State: **KS** Zip: **66112**

Home Telephone: **(913) 304-8395** Business Phone: **(913) 304-8395**

Email Address: **chrram13@gmail.com**

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

Address: **P O Box 1914**

Address2:

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

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**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: **7/15/2019 10:28:54 PM** Signature of Chairperson: **Jacques M Barber**

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