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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: **Wabaunsee County Democrats**

Address: **26736 Paw Paw Creek Rd**

Address2:

City: **Alma** State: **KS** Zip: **66401**

Business Phone:

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

Chairperson

Name: **Brent McClayland**

Address: **26736 Paw Paw Creek Rd.**

Address2:

City: **Alma** State: **KS** Zip: **66401**

Home Telephone: **(785) 587-7368** Business Phone:

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

Treasurer

Name: **Chris Breeden**

Address: **20671 NE Highway K4**

Address2:

City: **Eskridge** State: **KS** Zip: **66423**

Home Telephone: **(785) 492-8651** Business Phone:

Email Address: **cbreeden105@gmail.com**

**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.

Political Support

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: **1/31/2024 9:06:57 PM** Signature of Chairperson: **Brent McClayland**

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SEP 12 2022

SCOTT SCHWAB
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 checked="" type="checkbox"/> Amended Statement |

COMMITTEE

(PLEASE TYPE OR PRINT)

| | | |
|---|---|--|
| Name | <i>Wabawsee County Democratic Party</i> | |
| Mailing Address (Street, City, State, Zip Code) | Business Telephone | |
| <i>mail to County Chair</i> | () | |

CHAIRPERSON

| | |
|--|-----------------------|
| Name | Home Telephone |
| <i>Brent McClayland</i> | <i>(785) 587-7368</i> |
| Mailing Address (Street, City, State, Zip Code) | Business Telephone |
| <i>26736 Paw Paw Creek Rd. Atma, Ks. 66401</i> | () |

TREASURER

| | |
|---|-----------------------|
| Name | Home Telephone |
| <i>Christopher Breeden</i> | <i>(785) 449-2235</i> |
| Mailing Address (Street, City, State, Zip Code) | Business Telephone |
| <i>2071 NE Hwy K-4, Es Kridge Ks 66423</i> | () |

AFFILIATED OR CONNECTED ORGANIZATIONS

| | |
|---|--|
| Name | <i>Kansas Democratic Party</i> |
| Mailing Address (Street, City, State, Zip Code) | <i>P.O. Box 1914, Topeka, Ks. 66601-1914</i> |

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."

8/30/2022
(Date)

Brent McClayland
(Signature of Chairperson)