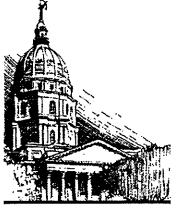


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Campaign Finance Statement of Organization For Political Action Committees And Party Committees

Kansas Public Disclosure Commission
901 S. Kansas Ave.
Topeka, KS 66612
Office (785) 296-4219
Fax (785) 296-2548
<https://kpsc.kansas.gov/>

This is a (Check one) ☒ Party Committee ☐ PAC

This is an (Check one) ☒ Initial Appointment ☐ Amended Statement

Committee

Name: **Pratt County Democratic Central Committee**

Address: **PO Box #6**

Address2:

City: **Pratt** State: **KS** Zip: **67124**

Business Phone: **(620) 450-6049**

Email Address: **contact@prattcdems.org**

Chairperson

Name: **Rose Beilman Shoup**

Address: **1002 S Pearl**

Address2:

City: **Pratt** State: **KS** Zip: **67124**

Home Telephone: **(620) 546-3557** Business Phone:

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

Treasurer

Name: **Kermit Brown**

Address: **130337 NE 70th St**

Address2:

City: **Preston** State: **KS** Zip: **67583**

Home Telephone: **(620) 450-7162** Business Phone:

Email Address: **contact@prattcdems.org**

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: **9/5/2026 2:02:41 PM** Signature of Chairperson: **Rose Beilman Shoup**

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**Campaign Finance
Statement of Organization
For Political Action Committees
And Party Committees**

Kansas Public Disclosure Commission
901 S. Kansas Ave.
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Office (785) 296-4219
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<https://kpsc.kansas.gov/>

This is a (Check one) ☒ **Party Committee** ☐ **PAC**

This is an (Check one) ☒ **Initial Appointment** ☐ **Amended Statement**

Committee

Name: **Pratt County Democratic Party**
Address: **112 N Ninnescah Apt 303**
Address2:
City: **Pratt** State: **KS** Zip: **67124**
Business Phone: **(316) 207-2217**
Email Address: **NathanBales2222@gmail.com**

Chairperson

Name: **Nathan Bales**
Address: **112 N Ninnescah Apt 303**
Address2:
City: **Pratt** State: **KS** Zip: **67124**
Home Telephone: **(316) 207-2217** Business Phone:
Email Address: **NathanBales2222@gmail.com**

Treasurer

Name: **Kermit Brown**
Address: **130337 NE 70th St**
Address2:
City: **Preston** State: **KS** Zip: **67583**
Home Telephone: **(620) 497-6797** Business Phone:
Email Address: **contact@pratt Dems.org**

**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: **7/25/2025 10:29:38 AM** Signature of Chairperson: **Nathan Bales**

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STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

JAN 03 2023

This is a (check one)



Party Committee



Political Action Committee

This is an (check one)



Initial Statement



Amended Statement

KS Governmental Ethics Commission

COMMITTEE

(PLEASE TYPE OR PRINT)

Name Pratt County Democratic Central Committee

Mailing Address (Street, City, State, Zip Code)

10408 S.W. 60th Ave

Business Telephone

()

CHAIRPERSON

Name Martha Wade

Home Telephone

(620) 450-7618

Mailing Address (Street, City, State, Zip Code)

436 SW 50th Ave

Business Telephone

()

TREASURER

Name Ryan M. Lunt

Home Telephone

(720) 666-3803

Mailing Address (Street, City, State, Zip Code)

10408 SW 60th Avenue

Business Telephone

()

AFFILIATED OR CONNECTED ORGANIZATIONS

Name

Mailing Address (Street, City, State, Zip Code)

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."

12/30/2022
(Date)

Ryan M. Lunt
(Signature of Chairperson)

For Martha Wade