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SECRETARY OF STATE

STATEMENT OF ORGANIZATION

POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

This is a (check one) ☐ Party Committee ☒ Political Action Committee
This is an (check one) ☒ Initial Statement ☐ Amended Statement

COMMITTEE

(PLEASE TYPE OR PRINT)

Name Sunflower Majority

Mailing Address (Street, City, State, Zip Code)
PO BOX 104, Lindsborg, KS 67456

Business Telephone
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CHAIRPERSON

Name Ryon Carey

Home Telephone
(620) 245-7469

Mailing Address (Street, City, State, Zip Code)
1349 Svensk Rd. Lindsborg, KS 67456

Business Telephone
()

TREASURER

Name Alexander Chambers

Home Telephone
(816) 813-2200

Mailing Address (Street, City, State, Zip Code)
12510 Summitt St, Kansas City, MO 64145

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."

8/26/2026

(Date)

(Signature of Chairperson)