FILED		
NOV 3 0 2022	STATEMENT OF OR	GANIZATION
SCOTT SCHWAB		
SECTOR POPULATION COMMITTEES AND PARTY COMMITTEES		
(See Reverse Side For Instructions)		
	(check one) Party Committee	Political Action Committee
This is ar	n (check one) Initial Statement	Amended Statement
COMMITTEE (PLEASE TYPE OR PRINT)		
Name Finney County Republican Central Committee		
Mailing Address (Street, City, State, Zip Code) 502 College Street, Garden City, KS 67846		Business Telephone (620) 275-7248
CHAIRPERSON		
Name William S. Clifford, MD		Home Telephone (620) 275-4317
Mailing Address (Street, City, State, Zip Code) 102 Drury Lane, Garden City, KS 67846		Business Telephone (620) 275-7248
TREASURER		
Name Jessica Dorsey		Home Telephone (806) 4205861
Mailing Address (Street, City, State, Zip Code) 640 South Towns Blvd., Garden City, KS 67846		Business Telephone (same)
AFFILIATED OR CONNECTED ORGANIZATIONS		
Name None.		
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."		
(Date) (Signature of Chairperson)		

Governmental Ethics Commission

Rev.2000

ΩΤΑΤΕΝΙΈΝΙΤ ΟΕ ΟΒΩΑΝΙΙΖΑΤΙΟΝΙ			
STATEMENT OF OKGANIZATION			
STATEMENT OF ORGANIZATION FOR POLITICAL ACTION COMMITTEES AND PARTY COMMETTEES (See Reverse Side For Instructions) (See Reverse Side For Instructions) This is a (check one) This is an (check one) Initial Statement Amended Statement			
(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 Finney County Republican Central Committee			
Mailing Address (Street, City, State, Zip Code) SO2 College SF. EABLEW (177, 65 67846 (620) 275-7248			
CHAIRPERSON			
Name William S. (Ifford, MD Home Telephone (62) 275-4317			
Mailing Address (Street, City, State, Zip Code) 102 Drary CN GARLEN (117, KS 67846 (620) 260-5799			
TREASURER			
Name / Home Telephone			
HUNTER (ARSON (-)-			
Mailing Address (Street, City, State, Zip Code) Le 20 N. 1/th St. GARDEN (12656746 (620) 214-2162			
AFFILIATED OR CONNECTED ORGANIZATIONS			
Name KAUSAS GOP			
Mailing Address (Street City State Zin Code)			
P.O. BOX 4157 Topella, US 66604			
V If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.			
SIGNATURE: "I dealare that this statement has been examined by me and to the best of my knowledge and			
"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."			
12/12/18 Wilhan C. Challolins			
(Date) (Signature of Chairperson)			
Governmental Ethics Commission 2 Rev.2000			