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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 Morris County Republican Committee

Mailing Address (Street, City, State, Zip Code) 66846 Business Telephone
278 Lake Road Council Grove, KS (620) 767-2528

CHAIRPERSON

Name Dave Baker Home Telephone
(620) 767-2528

Mailing Address (Street, City, State, Zip Code) Business Telephone
278 Lake Road Council Grove, KS 66846 (620) 767-2528

TREASURER

Name Rita Noll Home Telephone
(620) 767-6039

Mailing Address (Street, City, State, Zip Code) Business Telephone
1563 S. 700 Rd, Council Grove, KS 66846 (785) 466-1774

AFFILIATED OR CONNECTED ORGANIZATIONS

Name KS Republican Party

Mailing Address (Street, City, State, Zip Code)
800 SW Jackson St. Suite 1300 Topeka, KS 66612

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."

Dec 7, 2020
(Date)

David Baker
(Signature of Chairperson)