

STATEMENT OF ORGANIZATION

RECEIVED

OCT 03 2022

SCOTT SCHWAB  
SECRETARY OF STATE

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 type="checkbox"/> Amended Statement

COMMITTEE (PLEASE TYPE OR PRINT)

Name: Smith County Central Committee

Mailing Address (Street, City, State, Zip Code): 14011 M Road Smith Center, Ks. 66967

Business Telephone: (785) 282-1049

CHAIRPERSON

Name: Vernon Reinking Home Telephone: (785) 282-0451

Mailing Address (Street, City, State, Zip Code): 117 E. 1st St Smith Center, Ks. 66967

Business Telephone: (785) 282-5170

TREASURER

Name: Leann Stepp Home Telephone: (785) 282-1049

Mailing Address (Street, City, State, Zip Code): 14011 M Road Smith Center, Ks. 66967

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."

9-28-22  
(Date)

[Signature]  
(Signature of Chairperson)

# 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 type="checkbox"/> Amended Statement

RECEIVED  
 JAN 31 2022  
 KS Governmental Ethics Commission

### COMMITTEE (PLEASE TYPE OR PRINT)

Name <i>Smith County Republican Central Committee</i>	
Mailing Address (Street, City, State, Zip Code) <i>14011 M Rd Smith Center KS 66967</i>	Business Telephone <i>(785) 282-1049</i>

### CHAIRPERSON

Name <i>Leann Stepp</i>	Home Telephone <i>(785) 282-1049</i>
Mailing Address (Street, City, State, Zip Code) <i>14011 M Rd Smith Center KS 66967</i>	Business Telephone <i>(785) 282-1049</i>

### TREASURER

Name —	Home Telephone ( ) —
Mailing Address (Street, City, State, Zip Code) —	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.”

1-30-2022  
(Date)

*Leann Stepp*  
(Signature of Chairperson)

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

RECEIVED  
OCT 15 2018  
KRIS W. KOBACH  
SECRETARY OF STATE

(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 type="checkbox"/> Amended Statement

COMMITTEE (PLEASE TYPE OR PRINT)

Name Smith County Republican Central Committee

Mailing Address (Street, City, State, Zip Code) 14011 M Rd Smith Center Ks 66967  
Home Telephone (785) 282-1049  
Business Telephone

CHAIRPERSON

Name Leann Stepp Home Telephone (785) 282-1049

Mailing Address (Street, City, State, Zip Code) 14011 M Rd Smith Center Ks 66967  
Business Telephone

TREASURER

Name Linda Groenendyk Home Telephone (785) 545-6525

Mailing Address (Street, City, State, Zip Code) 30051 280 RD DOWNS KS 67437  
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."

10-11-2018  
(Date)

Leann Stepp  
(Signature of Chairperson)