	Dr.	
STATEMENT OF ORG	GANIZATION FER I	
STATEMENT OF ORC	ES AND PARTNEROMMETTEES	
	KS Go. 48 15 200	
FOR POLITICAL ACTION COMMITTEE	ES AND PARTY COMMITTEES	
	thics a	
(See Reverse Side For In	es AND PARTMental Ethics Commission Political Action Committee	
This is a (check one) Party Committee	Political Action Committee	
This is an (check one) Initial Statement	Amended Statement	
This is an ferreer one) I mind Statement	Amended Statement	
COMMITTEE	nn n Im	
COMMITTEE (PLEASE TYPE OR PRINT)		
Name		
Wichita County Republican Central Commi	tke	
Mailing Address (Street, City. State, Zip Code)	Business Telephone	
209 5. Indian Rd Leoti KS 67861	(620) 315-4110	
CHAIDRENGON		
CHAIRPERSON		
Name	Home Telephone	
James V. Myers	(620)375-4110	
Mailing Address (Street, City, State, Zip Code)	Business Telephone	
209 S. Indian Rd Leoti KS 67861	(620) 376-6430	
TREACTION		
TREASURER		
Name Name	Home Telephone	
Kita Ann Wiles	(620)874-0209	
Mailing Address (Street, City, State, Zip Code)	Business Telephone	
LILIN. Jones Ave. Leoti, K5 67861	()	
AFEIL LATED OR CONDIGORD ON COMP.		
AFFILIATED OR CONNECTED ORGANIZATIONS		
Name	+	
N/A		
Mailing Address (Street, City, State, Zip Code)		
If not connected or affiliated with an organization, identify the trad	e, profession, or primary interest of the contributors.	
None		
SIGNATURE:		
	4-4-272	
"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."		
1-15-2002	~	
(Date) (Signatur	e of Chairperson)	
Governmental Ethics Commission		
Sovermental Edites Commission	Rev.2000	

STATEMENT OF ORGANIZATION

STATEMENT OF ORGANIZATION		
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMINI	HED	
(See Reverse Side For Instructions) DEC 0	3 2018	
This is a (check one) Party Committee Political Action Committee KRIS W.	KOBACH Y OF STATE	
This is an (check one) Initial Statement Amended Statement	OF STATE	
COMMITTEE (PLEASE TYPE OR PRINT)		
Name Wichita County Republican Committee		
Mailing Address (Street, City, State, Zip Code) Business Telephone		
NA	``	
CHAIRPERSON		
Name Home Telephone		
Jim Illyers		
Mailing Address (Street, City, State, Zip Code) Business Telephone 209 5. Indian Rd. Leoti, KS 6786 (620) 376-8430		
TREASURER		
Name O Home Telephone		
tam Kicktord		
Mailing Address (Street, City, State, Zip Code) POBOX 596 Leoti, KS 6786 (620) 894-1069		
AFFILIATED OR CONNECTED ORGANIZATIONS Name 1/		
Ransas State Republican Party		
Mailing Address (Street, City, State, Zip Code)		
PO Box 4157 Topeka, KS Webby		
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//-29-18 (Signature of Chairperson)		
(Date) (Signature of Chairperson)		
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