

**STATEMENT OF ORGANIZATION**  
**FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES**

**RECEIVED**  
**FEB 15 2022**  
 KS Governmental Ethics Commission

(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 <i>Wichita County Republican Central Committee</i>	
Mailing Address (Street, City, State, Zip Code) <i>209 S. Indian Rd Leoti KS 67861</i>	Business Telephone <i>(620) 375-4110</i>

**CHAIRPERSON**

Name <i>James V. Myers</i>	Home Telephone <i>(620) 375-4110</i>
Mailing Address (Street, City, State, Zip Code) <i>209 S. Indian Rd Leoti KS 67861</i>	Business Telephone <i>(620) 376-8430</i>

**TREASURER**

Name <i>Rita Ann Wiles</i>	Home Telephone <i>(620) 874-0209</i>
Mailing Address (Street, City, State, Zip Code) <i>111 N. Jones Ave. Leoti, KS 67861</i>	Business Telephone <i>( ) ( )</i>

**AFFILIATED OR CONNECTED ORGANIZATIONS**

Name <i>N/A</i>
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.

*None*

**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."

*2-15-2022*  
(Date)

*[Signature]*  
(Signature of Chairperson)

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

FILED  
DEC 03 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 checked="" type="checkbox"/> Initial Statement	<input type="checkbox"/> Amended Statement

COMMITTEE (PLEASE TYPE OR PRINT)

Name: Wichita County Republican Committee

Mailing Address (Street, City, State, Zip Code): N/A Business Telephone: N/A

CHAIRPERSON

Name: Jim Myers Home Telephone: ( )

Mailing Address (Street, City, State, Zip Code): 209 S. Indian Rd. Leoti, KS 67861 Business Telephone: (620) 376-8430

TREASURER

Name: Pam Rickford Home Telephone: ( )

Mailing Address (Street, City, State, Zip Code): PO Box 596 Leoti, KS 67861 Business Telephone: (620) 894-1069

AFFILIATED OR CONNECTED ORGANIZATIONS

Name: Kansas State Republican Party

Mailing Address (Street, City, State, Zip Code): PO Box 4157 Topeka, KS 66604

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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."

11-29-18  
(Date)

[Signature]  
(Signature of Chairperson)