## STATEMENT OF ORGANIZATION

## FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)					
	This is a (check one)	Party Committee	Political Action	n Committee	ECEIVED
,	This is an (check one)	Initial Statement	Amended State		T 1 4 2024
	<u> </u>				
COMMITTEE	]	(PLEASE TYPE O	R PRINT)	SECRET	T SCHWAB ARY OF STATE
Jefferson County Republican Central Committee					
Mailing Address (Street, City, State, Zip Code)  Business Telephone  9448 170 to 54. Valley Falls, K5 Llb88 ()					
1770 176	1- St. Valley	TAUS, NO GUD			
CHAIRPERSO	NC				
Name Shara	n 5, Swee	neie.	Home Te	lephone   640-9327	· · · · · · · · · · · · · · · · · · ·
	ess (Street, City, State			Telephone	
9448 1	70th St. Va	lley Falls, KS 4	1088	)	
TREASURER					
Name			Home Te	lephone	
Loren	Lutes		(785	393-2625	
Mailing Addre	ess (Street, City, State and view Lt	, Zip Code) , <i>Ozawkie,</i> K		Telephone	
AFFILIATED OR CONNECTED ORGANIZATIONS					
Name Day					
Kansas Republican Party Mailing Address (Street, City, State, Zip Code)					
Maining Addre	ess (Sireer, 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,"					
1/22/20	24	XVI MOT	( ). Huller	<u>Y</u>	į
(Date)		(Signal	ture of Chairperson	N	
Governmental F	Ethics Commission				Rev 2000

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## STATEMENT OF ORGANIZATION

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MMITTEES
KRIS W. KOBACH

## FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

SECRETARY OF STATE (See Reverse Side For Instructions) Party Committee Political Action Committee This is a (check one) **Initial Statement** Amended Statement This is an (check one) **COMMITTEE** (PLEASE TYPE OR PRINT) Name COUNTY KS REPUBLICAN CENTRIAL COMMITTEE JEFFERON Mailing Address (Street, City, State, Zip Code) **Business Telephone CHAIRPERSON** Home Telephone Name (765 ) 640-9327 Business Telephone Mailing Address (Street, City, State, Zip Code) **TREASURER** Home Telephone Name (785) 840-4401 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," (Signature of Chairperson)

Governmental Ethics Commission