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**Campaign Finance  
Statement of Organization  
For Political Action Committees  
And Party Committees**

Governmental Ethics Commission  
901 S. Kansas Ave.  
Topeka, KS 66612  
Office (785) 296-4219  
Fax (785) 296-2548  
ethics.kansas.gov

This is a (Check one)  **Party Committee**  **PAC**

This is an (Check one)  **Initial Appointment**  **Amended Statement**

**Committee**

Name: **Miami County Kansas Republican Party**

Address: **6014 W 295th St**

Address2:

City: **Louisburg** State: **KS** Zip: **66053**

Business Phone: **(913) 963-6640**

Email Address: **douglas.d.shane@gmail.com**

**Chairperson**

Name: **Douglas Shane**

Address: **6014 W 295th St**

Address2:

City: **Louisburg** State: **KS** Zip: **66053**

Home Telephone: Business Phone: **(913) 963-6640**

Email Address: **douglas.d.shane@gmail.com**

**Treasurer**

Name: **John Maddock**

Address: **16030 W 311th St**

Address2:

City: **Paola** State: **KS** Zip: **66071**

Home Telephone: Business Phone: **(312) 805-9148**

Email Address: **john@jmaddock.com**

**Affiliated or  
Connected  
Organizations**

Name: **Kansas Republican Party**

Address:

Address2:

City: State: Zip:

If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

**County central committee for the Republican Party**

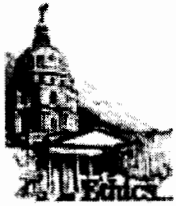
**I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor.**

Executed on:

Date: **11/6/2023 8:45:30 AM** Signature of Chairperson: **Douglas Shane**

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This is a (Check one)  Party Committee  PAC

This is an (Check one)  Initial Appointment  Amended Statement

**Committee** Name: **Miami County Republican Party**  
Address: **20355 W 299th St**  
Address2:  
City: **Paola** State: **KS** Zip: **66071**  
Business Phone: **(913) 731-6600**  
Email Address: **micoksgop@gmail.com**

**Chairperson** Name: **Dakotah Parshall**  
Address: **20355 W 299th St**  
Address2:  
City: **Paola** State: **KS** Zip: **66071**  
Home Telephone: **(913) 594-8891** Business Phone:  
Email Address: **dakotahparshall@gmail.com**

**Treasurer** Name: **Tiffany Ellison**  
Address: **1206 N 1st St E**  
Address2:  
City: **Louisburg** State: **KS** Zip: **66053**  
Home Telephone: **(660) 238-0562** Business Phone:  
Email Address: **micoksgop@gmail.com**

**Affiliated or  
Connected  
Organizations** Name: **Kansas Republican Party**  
Address: **2605 SW 21st Street**  
Address2:  
City: **Topeka** State: **KS** Zip: **66604**

If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

**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.**

Executed on:

Date: **1/11/2023 10:23:44 AM** Signature of Chairperson: **Dakotah Parshall**

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