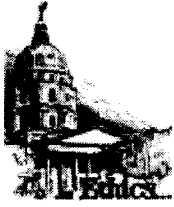


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**Campaign Finance  
Statement of Organization  
For Political Action Committees  
And Party Committees**

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: **Morris County Republican Central Committee**

Address: **1493 S. 3100 Road**

Address2:

City: **Herington** State: **KS** Zip: **67449**

Business Phone: **(785) 258-3468**

Email Address: **garycindy74@yahoo.com**

**Chairperson**

Name: **Gary Floyd**

Address: **1493 S. 3100 Road**

Address2:

City: **Herington** State: **KS** Zip: **67449**

Home Telephone: Business Phone: **(785) 258-3468**

Email Address: **garycindy74@yahoo.com**

**Treasurer**

Name: **Rita Noll**

Address: **1563 S. 700 Road**

Address2:

City: **Council Grove** State: **KS** Zip: **66846**

Home Telephone: **(785) 466-1774** Business Phone:

Email Address: **rita.noll@hotmail.com**

**Affiliated or Connected  
Organizations**

Name: **Kansas Republican Party**

Address:

Address2:

City: **Topeka** State: **KS** Zip:

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

**Persons registered as Republicans**

**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: **11/14/2024 9:08:59 AM** Signature of Chairperson: **Gary Floyd**

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DEC 15 2020

BRUNN SCHWAB  
SECRETARY OF STATE

# 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 checked="" type="checkbox"/> Amended Statement

COMMITTEE (PLEASE TYPE OR PRINT)

Name Morris County Republican Committee

Mailing Address (Street, City, State, Zip Code) 66846 Business Telephone  
278 Lake Road Council Grove, KS (620) 767-2528

CHAIRPERSON

Name Dave Baker Home Telephone  
(620) 767-2528

Mailing Address (Street, City, State, Zip Code) Business Telephone  
278 Lake Road Council Grove, KS 66846 (620) 767-2528

TREASURER

Name Rita Noll Home Telephone  
(620) 767-6039

Mailing Address (Street, City, State, Zip Code) Business Telephone  
1563 S. 700 Rd, Council Grove, KS 66846 (785) 466-1774

AFFILIATED OR CONNECTED ORGANIZATIONS

Name KS Republican Party

Mailing Address (Street, City, State, Zip Code)  
800 SW Jackson St. Suite 1300 Topeka, KS 66612

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."

Dec 7, 2020  
(Date)

David Baker  
(Signature of Chairperson)