STATEMENT OF ORGANIZATION Chew Treasurer					
JUN 05 2015					
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES					
KRIS W KOBACH SECRE RY OF STATE (See Reverse Side For Instructions)					
This is a (check one) Party Committee Political Action Committee					
This is an (check one) Initial Statement Amended Statement Off					
COMMITTEE (See Reverse Side For Instructions) This is a (check one) Party Committee Political Action Committee Amended Statement Amended Statement Politics (PLEASE TYPE OR PRINT) Name Olafla Pubblicar Central Committee					
Name Olathe Republican Central Committee					
Mailing Address (Street, City, State, Zip Code) 1420 S. Agadu Lin (Business Telephone (224-299)					
Olathe, Ko Lobold-					
Name Home Telephone					
David Lightner ()					
Mailing Address (Street, City, State, Zip Code) Business Telephone (9.3) 907-0011					
(1/28					
TREASURER					
Name Adam Thomas (615) 624-299/					
Mailing Address (Street, City, State, Zip Code) 1450 S. Againe (n. Mother, KS (olobbe) 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."					
(Date) (Signature of Chairperson)					

Governmental Ethics Commission

Rev 2000

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

Governmental Ethics Commission 109 W. 9th, Suite 504 Topeka, KS 66612 Phone (785) 296-4219 Fax (785) 296-2548 www.kansas.gov/ethics

This is a (Check one)	☐ Party Committee	✓ PAC
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This is an (Check one) Initial Appointment Amended Statement

Committee Name: Olathe Republican Central Committee

Address: 1137 E. Frontier Dr.

Address2:

City: Olathe State: KS Zip: 66062 Business Phone: (913) 302-5955

Email Address: steverobyn27@sbcglobal.net

Chairperson Name: David Lightner

Address: 11728 W. 146th St.

Address2:

City: Olathe State: KS Zip: 66062

Home Telephone: (913) 909-0011 Business Phone: (913) 909-0011

Email Address: dlight3344@aol.com

Treasurer Name: Robyn Essex

Address: 1137 E. Frontier Dr.

Address2:

City: Olathe State: KS Zip:66062

Home Telephone: (913) 302-5955 Business Phone: (913) 302-5955

Email Address: steverobyn27@sbcglobal.net

Affiliated or Connected

Name: Political Action Committee

Connected Address: Organizations

Address2:

City: State: Zip:

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: 10/15/2014 2:38:10 PM Signature of Chairperson: Robyn Essex

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STATEMENT OF ORGANIZATION

FILED

MAMAY 1 5 2013

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES KRISTIN WUKULACH SESTERFRANKVINGTATETE

	(See Reverse Side For Instructions)				
	This is a (check one)	Party Committee	Political Action Com	mittee	
	This is an (check one)	Initial Statement	✓ Amended Statement		
COMMITTEE		(PLEASE TYPE OF	R PRINT)		
Name Olathe	Republican Centra	l Committee	_		
	ss (Street, City, State, 46 St., Olathe, KS 6		Business Tele (913) 909	phone 9-0011	
CHAIRPERSO	ON				
Name David	L. Lightner		Home Telephor (913) 89	ne 7-2244	
	ss (Street, City, State, 46th St., Olathe, KS		Business Tele (913) 909	phone 9-0011	
TREASURER					
Name Robyn	R. Essex		Home Telephor	ne 64-8091	
Mailing Addre	ss (Street, City, State, ontier Dr., Olathe, K		Business Tele		
AFFILIATED	OR CONNECTED O	RGANIZATIONS			
Name					
Mailing Addre	ss (Street, City, State,	Zip Code)			
If not connected of	or affiliated with an org	anization, identify the tra	ade, profession, or primary	interest of the contributors.	
belief is true, co	his statement has been orrect and complete. 1	-	to the best of my knowle rentional failure to file the	_	
(Date) Governmental F	thics Commission	(Signat	ure of Charperson)	Rev.2000	