

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

FORM 1  
REV. 9-4-2015  
KS Governmental Ethics Commission

(See Reverse Side For Instructions)

This is a (check one)	<input type="checkbox"/> Party Committee	<input checked="" 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 Kansas Traditional Republican Majority Political Action Committee	
Mailing Address (Street, City, State, Zip Code) PO Box 571, Topeka, KS 66601	Business Telephone ( 785 ) 379-3535

CHAIRPERSON

Name Ryan Wright	Home Telephone ( )
Mailing Address (Street, City, State, Zip Code) PO Box 571, Topeka, KS 66601	Business Telephone ( 785 ) 379-3535

TREASURER

Name Ryan Wright	Home Telephone ( )
Mailing Address (Street, City, State, Zip Code) PO Box 571, Topeka, KS 66601	Business Telephone ( 785 ) 379-3535

AFFILIATED OR CONNECTED ORGANIZATIONS

Name Republican Main Street Partnership
Mailing Address (Street, City, State, Zip Code) 325 7th Street, NW, Suite 610, Washington, DC 20004

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

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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."

Nov 31, 2015  
(Date)

[Signature]  
(Signature of Chairperson)