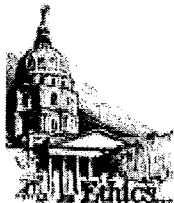


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**Campaign Finance
Statement of Organization
For Political Action Committees
And Party Committees**

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: **Leavenworth County Elephant Club**

Address: **500 13th Terrace**

Address2:

City: **Tonganoxie** State: **KS** Zip: **66086**

Business Phone: **(913) 956-1295**

Email Address: **sherry.agee@pgav.com**

Chairperson Name: **Sherry Agee**

Address: **500 13th Terrace**

Address2:

City: **Tonganoxie** State: **KS** Zip: **66086**

Home Telephone: **(913) 956-1295** Business Phone: **(913) 956-1295**

Email Address: **sherry.agee@pgav.com**

Treasurer Name: **John Matthews**

Address: **17629 166th st**

Address2:

City: **Basehor** State: **KS** Zip: **66007**

Home Telephone: **(913) 724-1454** Business Phone: **(913) 206-0001**

Email Address: **johnm197@aol.com**

Affiliated or Name: **N/A**

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.
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: **7/5/2020 11:31:42 AM** Signature of Chairperson: **Sherry Agee**

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STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(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 checked="" type="checkbox"/> Initial Statement	<input type="checkbox"/> Amended Statement

RECEIVED
FEB 26 2020
 SCOTT SCHWAB
 SECRETARY OF STATE

COMMITTEE (PLEASE TYPE OR PRINT)

Name **Leavenworth County Elephant Club**

Mailing Address (Street, City, State, Zip Code) 500 13th Terrace, Tonganoxie, KS 66086	Business Telephone (913) 956-1295
---	--

CHAIRPERSON

Name Sherry Agee	Home Telephone (913) 956-1295
----------------------------	------------------------------------

Mailing Address (Street, City, State, Zip Code) 500 13th Terrace, Tonganoxie, KS 66086	Business Telephone ()
---	---------------------------

TREASURER

Name John M. Matthews	Home Telephone (913) 206-0001
---------------------------------	------------------------------------

Mailing Address (Street, City, State, Zip Code) 17629 166th Street, Basehor, KS 66007	Business Telephone ()
--	---------------------------

AFFILIATED OR CONNECTED ORGANIZATIONS

Name **n/a**

Mailing Address (Street, City, State, Zip Code) **n/a**

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

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."

2-23-20
(Date)

Sherry E. Agee
(Signature of Chairperson)