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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: **Kansas Black Republican Council**

Address: **PO Box 48725**

Address2:

City: **Wichita** State: **KS** Zip: **67201**

Business Phone: **(785) 845-9159**

Email Address: **info@ksblackrepublicans.com**

**Chairperson**

Name: **Michael Austin**

Address: **PO Box 48725**

Address2:

City: **Wichita** State: **KS** Zip: **67201**

Home Telephone: Business Phone: **(785) 845-9159**

Email Address: **mcoolridge14@hotmail.com**

**Treasurer**

Name: **Jonathon Westbrook**

Address: **PO Box 48725**

Address2:

City: **Wichita** State: **KS** Zip: **67201**

Home Telephone: Business Phone: **(913) 475-8159**

Email Address: **info@ksblackrepublicans.com**

**Affiliated or  
Connected  
Organizations**

Name:

Address:

Address2:

City: State: Zip:

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

**Growing 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: **5/31/2023 10:44:13 AM** Signature of Chairperson: **Michael Austin**

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

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

**Committee**

Name: **Ks Black Rep Council**

Address: **PO Box 4305**

Address2:

City: **Kansas City** State: **KS** Zip: **66104**

Business Phone: **(913) 281-4802**

Email Address: **lubedealer@msn.com**

**Chairperson**

Name: **Willie Dove**

Address: **14715 Timberlane**

Address2:

City: **Bonner Springs** State: **KS** Zip: **66012**

Home Telephone: Business Phone: **(913) 909-5866**

Email Address: **williedove3@gmail.com**

**Treasurer**

Name: **Elton Hale**

Address: **622 Lafayette Ave.**

Address2:

City: **Kansas City** State: **KS** Zip: **66101**

Home Telephone: Business Phone: **(913) 281-4802**

Email Address: **lubedealer@msn.com**

**Affiliated or**

**Connected**

**Organizations**

Name: **Kansas Black Republican Council**

Address: **PO Box 4585**

Address2:

City: **Wichita** State: **KS** Zip: **67204**

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**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: **10/5/2022 3:39:59 PM** Signature of Chairperson: **Willie Dove**

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

### COMMITTEE

(PLEASE TYPE OR PRINT)

Name	KANSAS Black Republican Council		
Mailing Address (Street, City, State, Zip Code)	P.O. BOX 4585 WICHITA, KS 67204		Business Telephone ( )

### CHAIRPERSON

Name	WILLIE DOVE	Home Telephone	(913) 909-5866
Mailing Address (Street, City, State, Zip Code)	14715 TIMBERLANE BONNER SPRING, KS 66012		Business Telephone (913) 909-5866

### TREASURER

Name	ELTON H. HALE	Home Telephone	(913) 281-4802
Mailing Address (Street, City, State, Zip Code)	P.O. BOX 4305 KANSAS CITY, KS 66104		Business Telephone (913) 333-9656

### 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."

5/26/22  
(Date)

[Signature]  
(Signature of Chairperson)

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JUN 06 2022

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This is a (Check one) ☐ Party Committee ☒ PAC

This is an (Check one) ☒ Initial Appointment ☐ Amended Statement

**Committee** Name: **Kansas Black Republican Council**

Address: **400 Willow**

Address2:

City: **Derby** State: **KS** Zip: **67037**

Business Phone:

Email Address: **joethehobo68@gmail.com**

**Chairperson** Name: **Kenya Cox**

Address: **2745 N Fountain**

Address2:

City: **Wichita** State: **KS** Zip: **67220**

Home Telephone: Business Phone: **(316) 516-0485**

Email Address: **kenyacox@sbcglobal.net**

**Treasurer** Name: **Joseph Elmore**

Address: **400 Willow**

Address2:

City: **Derby** State: **KS** Zip: **67037**

Home Telephone: Business Phone: **(316) 204-6624**

Email Address: **joethehobo68@gmail.com**

**Affiliated or** Name: **Kansas Black Republican Council**

**Connected** Address: **400 Willow**

**Organizations** Address2:

City: **Derby** State: **KS** Zip: **67037**

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**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: **7/21/2020 4:16:07 PM** Signature of Chairperson: **Kenya Cox**

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