STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)						
	This is a (check one)	Party Committee	Political Action C	ommittee		
	This is an (check one)	Initial Statement	✓ Amended Statem	ent		
COMMITTEE	7	(PLEASE TYPE O	R PRINT)			
Nome	vest Johnson Count					
	THE STATE OF THE S	,				
	ess (Street, City, State, Drive, Shawnee, KS		Business T	elephone 333-9114		
CHAIRPERSO	The state of the s					
Name	Patterson		Home Telep	hone 333-9669		
		Zin Codo)	Business T			
	ess (Street, City, State, Drive, Shawnee, KS			333-9669		
TREASURER						
Name			Home Telep	1		
	atterson		(913)	333-9114		
Mailing Address 5024 Lewis	ess (Street, City, State, s Drive, Shawnee, K	, Zip Code) S, 66226	Business T (913)	elephone 333-9114		
AFFILIATED	OR CONNECTED O	RGANIZATIONS				
Name N/A						
	ess (Street, City, State,	Zip Code)				
	or affiliated with an org		ade, profession, or prim	ary interest of the contributors.		
			1.00			
SIGNATURE	•					
		n examined by me and	*	_		
	•	I understand that the in		this document		
or intentionally	ining a taise docume	nt is a class A misdem	eanor.			
6/29/	2023	byt-u	no lotte(scr	7		
(Date) '		(Signat	ture of Chairperson)			
Governmental I	Ethics Commission			Rev.2000		

Print this form or Go Back



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: Northwest Johnson County Republicans

Address: 15750 Cedar St

Address2:

City: Overland Park State: KS Zip: 66224

Business Phone: (913) 226-0291

Email Address: patti.puricelli@yahoo.com

Chairperson Name: Rob Patterson

Address: 5024 Lewis Dr

Address2:

City: **Shawnee** State: **KS** Zip: **66226** Home Telephone: Business Phone: Email Address: **rob@hit-inc.net**

Treasurer Name: Patti Puricelli

Address: 15750 Cedar St

Address2:

City: Overland Park State: KS Zip:66224

Home Telephone: Business Phone:

Email Address: patti.puricelli@yahoo.com

Affiliated or Name:
Connected Address:
Organizations Address2:

City: State: Zip:

City. State. Zip.

If not connected or affiliated with an organization, identify the trade, profession, or primary

interest of the contributors.

Northwest Johnson County Republicans PAC

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: 8/8/2022 2:28:22 PM Signature of Chairperson: Rob Patterson

Print this form or Go Back

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

	(See Reverse Side For Instructions)							
	This is a (check one)	Party Committee	Political Action Committee	7				
	This is an (check one)	Initial Statement	✓ Amended Statement					
				_				
COMMITTEE		(PLEASE TYPE OI	PRINT)					
Name Northy	vest Johnson Count	y Republicans						
Mailing Addre	ess (Street, City, State, 7th Terrace	Zip Code)	Business Telephone (913) 333-9114					
CHAIRPERSO	ON							
Name Rob P	atterson	Home Telephone (913) 333-9114						
	ess (Street, City, State, Drive, Shawnee, KS		Business Telephone (913) 333-9114					
TREASURER	7							
Name Patt	i Puricelli		Home Telephone (913) 226 -	-0291				
Mailing Addre	ess (Street, City, State,	Zip Code) verbal Park, KS, U	Business Telephone 6224 (913) 226 -	0291				
		RGANIZATIONS		CEIVED				
AFFILIATED	OK CONNECTED OF							
Name None	OR CONNECTED OF		MAR	2 9 2022				
Name None	ss (Street, City, State,	Zip Code)		2 9 2022 al Ethics Commission				
Name None Mailing Addre	ss (Street, City, State,			al Ethics Commission				
Name None Mailing Addre If not connected of the state o	ss (Street, City, State, or affiliated with an organism this statement has been brrect and complete. I filing a false document	examined by me and understand that the int	e, profession, or primary interest the best of my knowledge artional failure to file this doc	est of the contributors.				

STATEMENT OF ORGANIZATION

FILED

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMI

Rev.2000

		SECRETARY OF STAT					
	This is a (check one)	(See Reverse Side For Party Committee	Political Action	Committee			
	This is an (check one)	Initial Statement	Amended State				
COMMITTEE	3	(PLEASE TYPE O	R PRINT)				
Name Northy	west Johnson Count	y Republicans					
Mailing Address (Street, City, State, Zip Code) PO Box 861121, Shawnee, KS 66218			Business Telephone (913) 499-0211				
CHAIRPERSO	ON						
Name Tony (Gillette		Home Tele (913)	ephone 230-1608			
	ess (Street, City, State, 0th Terrace, Shawne		Business (913)	Telephone 499-0211			
TREASURER							
Name	Macheers		Home Tele (913)	ephone 485-6571			
Mailing Addre	ess (Street, City, State, 57th Terrace, Shawr	Zip Code) nee. KS 66218		Telephone			
			,				
	OR CONNECTED O	RGANIZATIONS					
Name							
Mailing Addre	ess (Street, City, State,	Zip Code)					
If not connected	or affiliated with an org	anization, identify the tr	ade, profession, or pri	mary interest o	f 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."							
•	· ·	-1-	9/11	1110			
$\frac{\mathcal{U} - \mathcal{U} - \mathcal{U}}{\text{(Date)}}$		(Signat	ture of Chairperson)	/ VC			
Governmental F	Ethics Commission		**		Rev.2000		