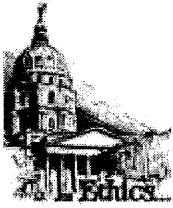


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Campaign Finance Statement of Organization For Political Action Committees And Party Committees

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: **Third District Republican Committee**

Address: **12548 S Brougham Dr**

Address2:

City: **Olathe** State: **KS** Zip: **66062**

Business Phone:

Email Address: **admin@kscd3gop.com**

Chairperson

Name: **Matt Bingesser**

Address: **12548 S Brougham Dr**

Address2:

City: **Olathe** State: **KS** Zip: **66062**

Home Telephone: Business Phone:

Email Address: **matthew.bingesser@gmail.com**

Treasurer

Name: **Ridge Rose**

Address: **9501 W 49th St**

Address2:

City: **Merriam** State: **KS** Zip: **66203**

Home Telephone: Business Phone:

Email Address: **ridgerose22@gmail.com**

Affiliated or Connected Organizations

Name: **Kansas Republican Party**

Address: **PO Box 4157**

Address2:

City: **Topeka** State: **KS** Zip: **66604**

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

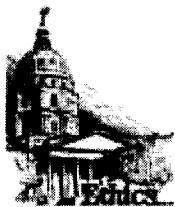
I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor.

Executed on:

Date: **12/10/2024 10:26:56 AM** Signature of Chairperson: **Matthew Bingesser**

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For Political Action Committees
And Party Committees**

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Topeka, KS 66612
Office (785) 296-4219
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ethics.kansas.gov

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

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

Committee Name: **Third Congressional District Republican Party**

Address: **12548 S Brougham Dr**

Address2:

City: **Olathe** State: **KS** Zip: **66062**

Business Phone:

Email Address:

Chairperson Name: **Wendy Bingesser**

Address: **12548 S Brougham Dr**

Address2:

City: **Olathe** State: **KS** Zip: **66062**

Home Telephone: Business Phone:

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

Treasurer Name: **Doug Shane**

Address: **6014 W 295th St**

Address2:

City: **Louisburg** State: **KS** Zip: **66053**

Home Telephone: Business Phone:

Email Address: **douglas.d.shane@gmail.com**

Affiliated or Name: **Kansas Republican Party**

Connected Address: **800 SW Jackson St**

Organizations Address2: **Suite 1120**

City: **Topeka** State: **KS** Zip: **66612**

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: **2/7/2023 2:36:33 PM** Signature of Chairperson: **Wendy Bingesser**

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