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

Governmental Ethics Commission
109 W. 9th, Suite 504
Topeka, KS 66612
Phone (785) 296-4219
Fax (785) 296-2548
www.kansas.gov/ethics

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

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

Committee

Name: **Republican Third Congressional District of Kansas**

Address: **P.O. Box 6414**

Address2:

City: **Leawood** State: **KS** Zip: **66206-0414**

Business Phone: **(913) 515-2135**

Email Address: **ksgop3@gmail.com**

Chairperson

Name: **Keith Esau**

Address: **11702 S. Winchester St.**

Address2:

City: **Olathe** State: **KS** Zip: **66061**

Home Telephone: **(913) 599-6537** Business Phone: **(913) 515-2135**

Email Address: **ksgop3@gmail.com**

Treasurer

Name: **Vicki Sciolaro**

Address: **3109 West 118th Street**

Address2:

City: **Leawood** State: **KS** Zip: **66211**

Home Telephone: **(913) 271-9848** Business Phone: **(913) 271-9848**

Email Address: **ksgop3.secretary@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: **8/7/2011 11:08:31 PM** Signature of Chairperson: **Keith A. Esau**

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Chairperson

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Email Address: **ksgop3@gmail.com**

Treasurer

Name: **Joe Vaught**

Address: **9231 Leavenworth Rd.**

Address2:

City: **Kansas City** State: **KS** Zip: **66109**

Home Telephone: **(913) 334-9416** Business Phone: **(913) 299-4400**

Email Address: **joe@vaughtgroup.com**

Affiliated or Connected Organizations

Name:

Address:

Address2:

City: State: Zip:

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Executed on:

Date: **1/8/2011 11:45:19 AM** Signature of Chairperson: **Keith A. Esau**

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Committee

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Business Phone: **(913) 515-2135**
Email Address: **ksgop3@gmail.com**

Chairperson

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Address: **11702 S. Winchester St.**
Address2:
City: **Olathe** State: **KS** Zip: **66061**
Home Telephone: **(913) 599-6537** Business Phone: **(913) 515-2135**
Email Address: **ksgop3@gmail.com**

Treasurer

Name: **Glenn Darrow**
Address: **8900 Pawnee Lane**
Address2:
City: **Leawood** State: **KS** Zip: **66206**
Home Telephone: **(913) 341-3330** Business Phone:
Email Address: **glenn_darrow@sbcglobal.net**

Affiliated or Connected Organizations

Name:
Address:
Address2:
City: State: Zip:
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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: **7/23/2010 6:49:36 PM** Signature of Chairperson: **Keith A. Esau**

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FRANCIS THORNBURGH
SECRETARY OF STATE

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

This is a (check one)	<input checked="" type="checkbox"/> Party Committee	<input 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	Republican 3rd Congressional District of Kansas	
Mailing Address (Street, City, State, Zip Code)	11702 S. Winchester	Business Telephone ()

CHAIRPERSON

Name	Keith Esau	Home Telephone (913) 515-2135
Mailing Address (Street, City, State, Zip Code)	11702 S. Winchester St., Olathe, KS 66061	Business Telephone ()

TREASURER

Name	Glenn Darrow	Home Telephone ()
Mailing Address (Street, City, State, Zip Code)	8900 Pawnee Ln., Leawood, KS 66206	Business Telephone (913) 341-3330

AFFILIATED OR CONNECTED ORGANIZATIONS

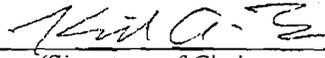
Name	
Mailing Address (Street, City, State, Zip Code)	

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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."

Jan 11, 2009
(Date)


(Signature of Chairperson)