### 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	RECEIVED			
	This is an (eheck one)	Initial Statement	Amended Statement	SEP 1 2 2012			
COMMITTEE	Į.	(PLEASE TYPE OR	PRINT)	KRIS W KOBACH			
Name Cloud County Republican Party							
	ess (Street, City, State, St., Concordia,.KS 6		Business Telephone ( 785 ) 243-796				
CHAIRPERS(	ON						
Name Ashley McMillan			Home Telephone ( 785 ) 243-796	57			
Mailing Address (Street, City, State, Zip Code) 716 W. 8th St. Concordia, KS 66901			Business Telephone ( 785 ) 230-067				
TREASURER							
Name Paul V	Voellhof	i li i i deen saat. Gebe	Home Telephone ( 785 ) 427-24	·84			
Mailing Addre 2714 Deer	ess (Street, City, State, Rd. Miltonvale, KS	Zip Code) 67466	Business Telephone				
AFFILIATED	OR CONNECTED O	RGANIZATIONS					
Name Kansa	as Republican Party						
_	ess (Street, City, State, 1st St., Topeka, KS	Zip Code)					
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.							
		<u> </u>					
SIGNATURE:							
"I declare that this statement has been examined by the 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."							
9/11/12 true //							
(Date) (Signature of Chairperson)							

See Page 2 For information

## STATEMENT OF ORGANIZATION

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### FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

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		(See Reverse Side For In	structions)	
- 1	This is a (check one)	Party Committee	Political Action Committee	
,	This is an (check one)	Initial Statement	Amended Statement	
COMMITTEE		(PLEASE TYPE OR I	PRINT)	
Name Clou	id County	Republican	Party	,
	ss (Street, City, State, Chair Per Son	Zip Code)	Business Telephone	
CHAIRPERSO	N			
Name		· · · · · · · · · · · · · · · · · · ·	Home Telephone	• ,
Mailing Addre	ss (Street, City, State,	Zip Code)	Business Telephone	
TREASURER		· · · · · · · · · · · · · · · · · · ·		
Name			Home Telephone	
Mailing Addre	ss (Street, City, State,	Zip Code)	Business Telephone	
AFFILIATED	OR CONNECTED OI	RGANIZATIONS		
Name Non	10			
Mailing Addres	ss (Street, City, State,	Zip Code)		
f not connected o	or affiliated with an orga	unization, identify the trade	, profession, or primary interest o	of the contributors.
belief is true, co or intentionally	rrect and complete. I filing a false documen		the best of my knowledge and tional failure to file this docume or."	ent
$\bigcirc \bigcirc $		(Signature	of Chairperson)	
Governmental Et	thics Commission			Rev.2000

# KANSAS REPUBLICAN PARTY CLOUD COUNTY LEADERSHIP INFORMATION FORM

**CHAIR** 

Full Name: Daniel R. Gerber (Dan)

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Home Phone: (785) 243-7046 Mobile Phone: (785) 614-0740

E-Mail: danielrgerber@nckcn.com

VICE-CHAIR

Full Name: Judith Anne Reedy (Judy)

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E-Mail: ilreedy@nckdirect.com

**SECRETARY** 

Full Name: Gavin Frederick Koester

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Home Phone: (785) 243-6144 Work Phone: (785) 614-3370

Mobile Phone: (785) 614-3370 E-Mail: \_gavinkoester@hotmail.com

**TREASURER** 

Full Name: Paul Lester Woellhof

Address: 2714 Deer Road, Miltonvale, KS, 67466

Home Phone: <u>(785) 427-2484</u> Mobile Phone: <u>(620) 249-0392</u>

E-Mail: none

CRP-LEADERSHIP INFORMATION FORM

# 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 Amended Statement This is an (check one) Initial Statement **COMMITTEE** (PLEASE TYPE OR PRINT) Name CLOUD COUNTY REPUBLICAN CENTRAL COMMITTEE Mailing Address (Street, City, State, Zip Code) 1214 ARCHER CONCORDIA KS 66901 (785) 243-9863 **CHAIRPERSON** Mailing Address (Street, City, State, Zip Code) 1216 Planter O Home Telephone (185 ) 243 - 9863 1216 ARCHER, CONCORDSA KS 66901 TREASURER Home Telephone Name JUDY REEDY (785) 243 - 3356 Mailing Address (Street, City, State, Zip Code) 1907 N 200 Pd. Concorpta, K5 66901 Business Telephone 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."

Sept. 10 2009 (Date)

Karles D. Johnson (Signature of Chairperson)

Governmental Ethics Commission

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