## STATEMENT OF ORGANIZATION

| FOR POLITICAL ACTION COMMITTEES AND PARTY COMM   | ATTEES                              |
|--|-------------------------------------|
|  | FILED                               |
| (See Reverse Side For Instructions)  | NOV 9 0 and                         |
| This is a (check one)  | NOV 2 8 2012                        |
| This is an (check one)   | KRIS W. KOBACH<br>SECRETARY OF STAT |
| COMMITTEE (PLEASE TYPE OR PRINT)   | OBSINE WITH ST CHAI                 |
| Name Wyandotte County Republican Party   |                                     |
| Mailing Address (Street, City, State, Zip Code)  4218 N. 126th Street Kansas City, Kansas 66109  Business Telephone (913) 721-2648   |                                     |
| CHAIRPERSON  |                                     |
| Name Home Telephone (913) 721-2648   |                                     |
| Mailing Address (Street, City, State, Zip Code)  Business Telephone 4218 N. 126th Street Kansas City, Kansas 66109  Business Telephone (913) 573-8197  |                                     |
| TREASURER  |                                     |
| Name Home Telephone  |                                     |
| Debi Carr Ward (913) 334-0428  |                                     |
| Mailing Address (Street, City, State, Zip Code)Business Telephone7315 Lafayette Kansas City, Kansas 66109( 913 ) 568-1163  |                                     |
| AFFILIATED OR CONNECTED ORGANIZATIONS  |                                     |
| Name Kansas State Republican Party   |                                     |
| Mailing Address (Street, City, State, Zip Code) P. O. Box 4157 Topeka, Kansas 66604  |                                     |
| If not connected or affiliated with an organization, identify the trade, profession, or primary interest of  | 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 docum | ent                                 |
| or intentionally filing a false document is a class A misdemeanor."  11-21-12  (Date)  (Signature of Chairperson)  | _                                   |
| (Date)  Mus A Glothing  (Signature of Chairperson)   |                                     |
| Governmental Ethics Commission   | Rev.2000                            |

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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 of | one) 🗹 Party Committe | e 💹 PAC |
|---------------------|-----------------------|---------|

This is an (Check one) Initial Appointment Amended Statement

Committee Name: Wyandotte County Republican Central Committee

Address: 3003 N. 34th St.

Address2:

City: Kansas City State: KS Zip: 66104

Business Phone: (913) 314-9173

Email Address: chair.wycogop@gmail.com

Chairperson

Name: Shawn Shipp

Address: 12133 Pebble Beach Drive

Address2:

City: Kansas City State: KS Zip: 66109

Home Telephone: (913) 314-9173 Business Phone: (913) 314-9173

Email Address: sshipp59@gmail.com

**Treasurer** 

Name: Susan Adams

Address: 10429 Riverview Ave.

Address2:

City: Ewdwardsville State: KS Zip:66111

Home Telephone: (913) 422-0356 Business Phone: (913) 422-0356

Email Address: treasurer.wycogop@gmail.com

Affiliated or Connected

Organizations

Name: Kansas Republican Party

Address: P.O. 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.

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Executed on:

Date: 11/28/2011 7:15:46 PM Signature of Chairperson: Shawn A. Shipp

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## STATEMENT OF ORGANIZATION

| FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEE   | ES       |
|---|----------|
| (See Boyerse Side For Instructions) OCT 1 2 2010  |          |
| (See Reverse Side For Instructions)  This is a (check one) Party Committee Political Action Committee   | mmission |
| This is a (check one)    X   Party Committee   Political Action Committee   |          |
| This is all (check one) I mutal statement Amended statement   |          |
| COMMITTEE (PLEASE TYPE OR PRINT)  |          |
| Name Wyandotte County Republican Party  |          |
| Mailing Address (Street, City, State, Zip Code)  Business Telephone  3003 N. 340 St. KCKS WWW (913) 909-7796  |          |
| CHAIRPERSON   |          |
| Name Chiquita C. Coggs Home Telephone (913) 909-7796  |          |
| Mailing Address (Street, City, State, Zip Code)  Business Telephone  3003 N. 34th Street KCK66(04(913) 909-7796   |          |
| TREASURER   | <u></u>  |
| Name Shawn Shipp Home Telephone (913) 314-9173  |          |
| Mailing Address (Street, City, State, Zip Code)  Business Telephone  12133 Debble Beach Drive KC1 W109 91(0) 701-1118   |          |
| AFFILIATED OR CONNECTED ORGANIZATIONS   |          |
| Name Kansas Republican Party  |          |
| Mailing Address (Street, City, State, Zip Code) P.O. BOX 4157, Topeka, KS 6604  |          |
| f not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contr  | ibutors. |
|   |          |
| SIGNATURE: If 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." |          |
| (Signature of Chairperson)  |          |
| Fovernmental Ethics Commission Re   | ev.2000  |