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MAR 19 2015

STATEMENT OF ORGANIZATION

KS Governmental Ethics Commission

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 checked="" type="checkbox"/> Initial Statement	<input type="checkbox"/> Amended Statement

COMMITTEE (PLEASE TYPE OR PRINT)

Name CHEROKEE COUNTY REPUBLICAN PARTY CENTRAL COMMITTEE	
Mailing Address (Street, City, State, Zip Code) 1587 NW BETHLEHEM COLUMBUS, KS 66725	Business Telephone (620) 674-2180

CHAIRPERSON

Name LORIE JOHNSON	Home Telephone (620) 674-2180
Mailing Address (Street, City, State, Zip Code) 1587 NW BETHLEHEM COLUMBUS, KS 66725	Business Telephone ()

TREASURER

Name VERONICA MESSER	Home Telephone (620) 674-3450
Mailing Address (Street, City, State, Zip Code) 493 NW LAWTON ROAD COLUMBUS, KS 66725	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. Primary interest of contributors is to elect Republican candidates to public office.

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."

3/19/15 (Date)

Lorie Johnson (Signature of Chairperson)



GOVERNMENTAL ETHICS COMMISSION

www.kansas.gov/ethics

NOTIFICATION OF FAILURE TO FILE A STATEMENT OF
ORGANIZATION FOR A PARTY OR POLITICAL COMMITTEE

March 18, 2015

Lorie Johnson, Chairman
Cherokee Co Republican CC
1587 NW Bethlehem Rd
Columbus KS 66725

A review of the files in the Secretary of State's office indicates that you have failed to file a Statement of Organization form as required by K.S.A. 25-4145.

Please complete the enclosed form and file it within five (5) days with:

Secretary of State
Elections Division
120 W 10th, 1st Floor, Memorial Hall
Topeka, KS 66612

As provided by K.S.A. 25-4152, you shall have until **April 2, 2015**, which is 15 days from the date of this notice, to comply with the reporting requirements before a \$10 per day civil penalty is imposed for each day the required document remains unfiled. No civil penalty shall exceed three hundred dollars (\$300). The intentional failure to file the required form within (5) days is a class A misdemeanor.

Your prompt attention to this notification is essential.

Sincerely,

A handwritten signature in black ink, appearing to read "Carol E. Williams".

Carol E. Williams
Executive Director

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OCT 10 2012

KRIS W. KOBACH
SECRETARY OF STATE

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COMMITTEE (PLEASE TYPE OR PRINT)

Name	CHEROKEE COUNTY REPUBLICAN PARTY CENTRAL COMMITTEE	
Mailing Address (Street, City, State, Zip Code)	Business Telephone	
1587 NW BETHLEHEM RD. COLUMBUS, KS 66725	()	

CHAIRPERSON

Name	Home Telephone
LORIE M. JOHNSON	()
Mailing Address (Street, City, State, Zip Code)	Business Telephone
1587 NW BETHLEHEM RD. COLUMBUS, KS 66725	(620) 674-2180

TREASURER

Name	Home Telephone
ANGELA RIPPEL	()
Mailing Address (Street, City, State, Zip Code)	Business Telephone
6694 NE BELLEVIEW RD. SCAMMON, KS 66773	(620) 762-0068

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.
To promote Republican candidates in Cherokee County.

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."

10/3/12

(Date)

Lorie Johnson

(Signature of Chairperson)