KS QUENTED 14 26 2017

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

		(See Reverse Side For	Instructions)			
	This is a (check one)	☐ Party Committee	Political A	ction Committee		
	This is an (check one)	Initial Statement	Amended	Statement		
COMMITTEE	,	(DI EASE TYPE O	D DDINIT)			
COMMITTEE (PLEASE TYPE OR PRINT) Name Rough on County Population Control Committee						
Bourbe	on County Republic	an Central Committe	e 			
Mailing Address (Street, City, State, Zip Code) P.O. Box 607, Ft. Scott, KS 66701			Business Telephone			
CHAIRPERSO	ON					
Name Randall Readinger			Home (620	Home Telephone (620) 223-2326		
Mailing Address (Street, City, State, Zip Code) P.O. Box 607, Ft. Scott, KS 66701			Busin (620	Business Telephone (620) 704-0782		
TREASURER		_				
Name			,	Telephone		
	la Dunn	7' (1)	(620	<u>) 224-1186</u>		
422 Rosen	ess (Street, City, State, nary Ln, Ft. Scott, K	S 66701	620	ness Telephone) 223-3800	0 x192	
AFFILIATED	OR CONNECTED O	RGANIZATIONS _				
Name Kansa	s Republican Party		_			
1	ess (Street, City, State, 57 Topeka, KS 666	* '				
If not connected	or affiliated with an org	anization, identify the tr	ade, profession, c	or primary interes	t 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."						
·	<i>5</i>	-1		0 .		
6/26/17 (Date)		(Signat	ure of Chairpers	son)	_	
Governmental F	Ethics Commission				Rev.2000	

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY CON
(See Reverse Side For Instructions) This is a (check one) Party Committee Political Action Committee This is an (check one) Initial Statement Amended Statement
This is a (check one) Party Committee Political Action Committee
This is a (check one) Party Committee Political Action Committee
This is an (check one) Initial Statement Amended Statement
COMMITTEE (PLEASE TYPE OR PRINT)
Name Bourbon County Republican Central Committee Mailing Address (Street, City, State, Zip Code) Home Business Telephone
Mailing Address (Street, City, State, Zip Code) 525 Meadow Ln. For+ Scott KS 66701 (620) 223-5995 (Treas.)
CHAIRPERSON
Name Chris May cumber (620) 223-2027
Mailing Address (Street, City, State, Zip Code) Business Telephone 205 Scott Ase. For+ Scott K5 66701 (620) 223-2670
TREASURER
Name Home Telephone (620) 223-5995
Mailing Address (Street, City, State, Zip Code) 525 Meadow Ln. Fort Scott KS 66701 (620) 215-4084
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. Republican Party.
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."
$\Omega = \Omega = \Omega$
(Date) (Signature of Chairperson)
Governmental Ethics Commission Rev.2000