STATEMENT OF ORGANIZATION

RECEIVED

FOR PO	LITICAL ACTI	ION COMMITTE	ES AND PARTY	APR 1 4 2016 COMMITTEE Sion
(See Reverse Side For Instructions)				
	This is a (check one)	Party Committee	Political Action Comr	nittee
	This is an (check one)	Initial Statement	Amended Statement	
Chairne,	son	(PLEASE TYPE OR	R PRINT)	_
NameWar	vin Rol	nerts		
	ss (Street, City, State, Longho	rn Ka Dia	Business Tele	
CHAIRPERS	ję J M	678	39	•
Name Lane (County Rev	commit- publican Cer	, ,	ne See Dove
			onghor Bussess Tele	
TREASURER	•			
Name Op	al Rober	ts	Home Telephor	ne 97 - 8096
Mailing Address (Street, City, State, Zip Code) Business Telephone Business Telephone				
AFFILIATED	OR CONNECTED C		783 9	
Name Kan	sas Rep	ublican	Party	
Mailing Addre	ss (Street, City, State,	Zip Code)	peka. Ks. a	6604
If not connected	or affiliated with an org	-		interest of the contributors.
	his statement has bee	•	to the best of my knowle entional failure to file th	•
	filing a false docume	ent is a class A misdeme	. ^ .	
(Date)		Haring (Signati	ure of Chairperson)	
Governmental F	Othics Commission			Rev 2000

Feb 23 16 06:17p

Wild Horse Canyon BNB

02/23/2016 14:21 FAX 7852962548

02/23/2018 09:46 FAX 7852962548

Governmental Ethics Commission

GOVETHICSCOMMISSION

p.2

2 002/002

Rev.2000

A 201/001

6203977**03ECEIVED**

p.1

6203977696

GOVETHICSCONPISSION

JAN 25 2016

KS Governmental Strics Commission STATEMENT OF ORGANIZATION FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES RECEIVED (See Reverse Side For Instructions) Polytical Aguardocamilines 18 23 2016 Party Committee This is a (check one) Tel Ellica Commission This is an (check one) Inidal Statement Amended Statement COMMITTEE (PLEASE TYPE OR PRINT) ane Count Mailing Address (Street, City, State, Zip Code) Husiness Telephone CHAIRPERSON Home Telephone Name Koher Marvin (620) 397 5914 Mailing Address (Street, City, State, Zip Code) Business Telephone 7839 255 N Longhorn Ro TREASURER Home Telephone Name obert5 620) 377 Mailing Address (Street, City, State, Zip Code) Business Telephone iahton 255 N. Longhorn AFFILIATED OR CONNECTED ORGANIZATIONS Name Mailing Address (Street, City, State, Zip Code) GaaeBlu If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors. SIGNATURE: "I declars that this patement has been examined by me and to the best of my knowledge and belief is two, correct and complete. I understand that the intentional failure to file this document or intentionally filling a false document is a class A misdemeanor." Signature of Chairpason)