

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

FILED

(See Reverse Side For Instructions)

This is a (check one) ☒ Party Committee ☐ Political Action Committee
This is an (check one) ☐ Initial Statement ☒ Amended Statement

NOV 07 2016

KRIS W. KOBACH
SECRETARY OF STATE

COMMITTEE

(PLEASE TYPE OR PRINT)

Name Leavenworth County Republican Central Committee

Mailing Address (Street, City, State, Zip Code)
P.O. Box 524, Leavenworth, KS 66043

Business Telephone
(913) 547-6455

CHAIRPERSON

Name Everett B. Rogers, III

Home Telephone
(913) 727-2211

Mailing Address (Street, City, State, Zip Code)
1206 Joshua Court, Lansing, KS 66043

Business Telephone
(808) 225-8917

TREASURER

Name Sean Maher

Home Telephone
(913) 645-9870

Mailing Address (Street, City, State, Zip Code)
19924 163rd St., Basehor, KS 66067

Business Telephone
(913) 645-9870

AFFILIATED OR CONNECTED ORGANIZATIONS

Name Kansas GOP

Mailing Address (Street, City, State, Zip Code)
P.O. Box 4157, Topeka, KS, 66604

If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

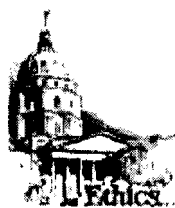
SIGNATURE:

"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."

2 November 2016
(Date)

Everett B Rogers III
(Signature of Chairperson)

"Rett"

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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 one) ☒ **Party Committee** ☐ **PAC**

This is an (Check one) ☐ **Initial Appointment** ☒ **Amended Statement**

Committee Name: **Leavenworth County Republican Central Committee**

Address: **411 N 4th St**

Address2:

City: **Leavenworth** State: **KS** Zip: **66048**

Business Phone: **(913) 682-2008**

Email Address: **mscottcpa@gmail.com**

Chairperson Name: **Michael Powell**

Address: **2112 Choctaw St.**

Address2:

City: **Leavenworth** State: **KS** Zip: **66048**

Home Telephone: **(515) 745-7716** Business Phone: **(515) 745-7716**

Email Address: **sfwinn2012@gmail.com**

Treasurer Name: **Mary Scott**

Address: **411 N 4th St**

Address2:

City: **Leavenworth** State: **KS** Zip: **66048**

Home Telephone: **(816) 294-0719** Business Phone: **(913) 682-2008**

Email Address: **mscottcpa@gmail.com**

Affiliated or Name: **Kansas GOP**

Connected Address: **P.O. Box 4157**

Organizations Address2:

City: **Topeka** State: **KS** Zip: **66604**

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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.

Executed on:

Date: **10/20/2014 2:39:21 PM** Signature of Chairperson: **Mike Powell**

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