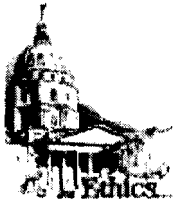


[Print this form](#) or [Go Back](#)

**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: **Miami County Republican Committee**
Address: **10699 West 295th Street**
Address2:
City: **Louisburg** State: **KS** Zip: **66053**
Business Phone: **(913) 837-2791**
Email Address: **jgregar@mokancomm.net**

Chairperson Name: **Carrie Gregar**
Address: **10699 West 295th Street**
Address2:
City: **Louisburg** State: **KS** Zip: **66053**
Home Telephone: **(913) 837-2791** Business Phone:
Email Address: **cgregar@mokancomm.net**

Treasurer Name: **Joseph Gregar**
Address: **10699 West 295 th Street**
Address2:
City: **Louisburg** State: **KS** Zip: **66053**
Home Telephone: **(913) 837-2791** Business Phone:
Email Address: **jgregar@mokancomm.net**

Affiliated or Connected Organizations Name: **Kansas Republican Party**
Address: **2605 SW 21st Street**
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.

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: **1/5/2015 11:46:23 AM** Signature of Chairperson: **Carrie L Gregar**

[Print this form](#) or [Go Back](#)

STATEMENT OF ORGANIZATION

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

FILED
 DEC 08 2012
 KRIS W. KOBACH
 SECRETARY OF STATE

COMMITTEE (PLEASE TYPE OR PRINT)

Name MIAMI COUNTY REPUBLICAN PARTY

Mailing Address (Street, City, State, Zip Code) 666053 Business Telephone
470 906 S. DOYLE ST, LOUISBURG KS (913) 731-0102

CHAIRPERSON

Name TERESA REEVES Home Telephone
(913) 837-4196

Mailing Address (Street, City, State, Zip Code) Business Telephone
906 S. DOYLE ST, LSEB KS 666053 (913) 731-0102

TREASURER

Name B. Rob ROBERTS (Effective Dec 1, 2012) Home Telephone
(913) 256-8006

Mailing Address (Street, City, State, Zip Code) Business Telephone
7 SUNSET LN, PAOLA, KS 666071 ()

AFFILIATED OR CONNECTED ORGANIZATIONS

Name KANSAS REPUBLICAN PARTY

Mailing Address (Street, City, State, Zip Code)
PO 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."

12-8-12
(Date)

Teresa Reeves
(Signature of Chairperson)