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| STATEMENT OF ORGANIZATION Overnmental Ethics Commission | | | | |
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| FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES | | | | |
| (See Reverse Side For Instructions) | | | | |
| 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 MORTON COUNTY REPUBLIC | IN COMP. TEE | | | |
| Mailing Address (Street, City, State, Zip Code) | Business Telephone | | | |
| PO BOX 234 ELKHART KS 67950 | <u>(620)</u> 309-1148 | | | |
| CHAIRPERSON | | | | |
| Name | Home Telephone | | | |
| LIFF BIACKMORE | (620) 697 - 4715 | | | |
| Mailing Address (Street, City, State, Zip Code) Box 234 ELKHART KS 67950 | Business Telephone (620) 697-47716 | | | |
| TREASURER | | | | |
| Name Vellisa Lewis | Home Telephone $(620)(097-208)$ | | | |
| Mailing Address (Street, City, State, Zip Code) P.O. Box 412 ElKhart, KS 67950 | Business Telephone (620)697-2563 | | | |
| AFFILIATED OR CONNECTED ORGANIZATIONS | | | | |
| Name | | | | |
| Mailing Address (Street, City, State, Zip Code) | | | | |
| If not connected or affiliated with an organization, identify the tran | de. profession, or primary interest of the contributors. | | | |
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| | | | | |
| 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." | | | | |
| | 11 | | | |
| <u>(Date)</u> | re of Chairperson) | | | |
| Governmental Ethics Commission | Rev.2000 | | | |

| STATEMENT OF ORGANIZATION | | | | |
|---|----------------|--|--|--|
| FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES | | | | |
| (See Reverse Side For Instructions) | CD | | | |
| This is a (check one) Party Committee Political Action Committee MAY 2 | 7 `2014 | | | |
| This is an (check one) Initial Statement Amended Statement KRIS W. K | | | | |
| COMMITTEE (PLEASE TYPE OR PRINT) | OF SIRIE | | | |
| Name Morton County Republican Central Committee | | | | |
| Mailing Address (Street, City, State, Zip Code) Business Telephone | | | | |
| PO BOX 234 EURIPART KS 67950 (620) 309-1148 | | | | |
| CHAIRPERSON | | | | |
| Name Home Telephone (620)697-4715 | | | | |
| Mailing Address (Street, City, State, Zip Code) Business Telephone | | | | |
| PO BOX 234 ELKHART KS 67950 (620)697-4716 | | | | |
| TREASURER | | | | |
| Name Mellisz Lewis (620) 697-2081 | | | | |
| Mailing Address (Street, City, State, Zip Code)Business TelephoneP.O. Box 412 Elkhart K5 67950(620) 697-2563 | | | | |
| 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 contr | ibutors. | | | |
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| 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," | | | | |
| <u>5/20/14</u> (Date) (Signature of Chairperson) | | | | |
| | ev.2000 | | | |

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| STATEMENT OF ORGANIZATION | | | | |
|--|---|---|--------------------------------------|--|
| FOR POLITICA | AL ACTION COMMIT | TEES AND PARTY COMM | ITTEES | |
| (See Reverse Side For Instructions) | | | FILED | |
| · · · · · · · · · · · · · · · · · · · | check one) $$ Party Committ (check one) $$ Initial Stateme | | JAN 1 0 2013 | |
| COMMITTEE | (PLEASE TYPI | E OR PRINT) | KRIS W. KOBACH SECRETARY OF STATE | |
| Name Morton County | Republican Committee | | | |
| Mailing Address (Street, Box 234 Elkhart KS 6 | | Business Telephone (620) 309-1148 | | |
| CHAIRPERSON | | | | |
| Name Clifford Blackmo | ore | Home Telephone (620) 697-4715 | | |
| Mailing Address (Street, Box 234 Elkhart KS 6 | | Business Telephone (620) 309-1148 | | |
| TREASURER | | | | |
| Name Melisa Lewis | | Home Telephone (620) 697-2274 | | |
| Mailing Address (Street, Box 491 Elkhart KS | City, State, Zip Code) 67950 | Business Telephone (620) 697-2274 | | |
| AFFILIATED OR CONT | NECTED ORGANIZATIONS | | | |
| Name Kansas Republi | can Party | | | |
| Mailing Address (Street, | City, State, Zip Code) | | | |
| If not connected or affiliated | with an organization, identify th | ne trade, profession, or primary interest of | the contributors. | |
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| belief is true, correct and | - | and to the best of my knowledge and e intentional failure to file this document emeanor." | nt | |
| <u> 3 2013</u> (Date) | | gnature of Chairperson) | | |
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Governmental Ethics Commission

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