

STATEMENT OF ORGANIZATION

FILED

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

KRIS W. KOBACH
SECRETARY OF STATE

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

COMMITTEE (PLEASE TYPE OR PRINT)

Name	NEOSHO COUNTY REPUBLICAN COMMITTEE	
Mailing Address (Street, City, State, Zip Code)	Business Telephone	
1905 N HWY 59 PARSONS, KS 67357	(620) 423-2784	

CHAIRPERSON

Name	Home Telephone
DON M. ALEXANDER	(620) 423-2784
Mailing Address (Street, City, State, Zip Code)	Business Telephone
1905 N HWY 59 PARSONS, KS 67357	(620) 421-5010

TREASURER

Name	Home Telephone
BERNARD NEYER	(620) 431-6807
Mailing Address (Street, City, State, Zip Code)	Business Telephone
319 S. LAFAYETTE CHANUTE, KS 66720	()

AFFILIATED OR CONNECTED ORGANIZATIONS

Name	KANSAS REPUBLICAN PARTY
Mailing Address (Street, City, State, Zip Code)	2605 SW 21st St. Topeka, KS 66604

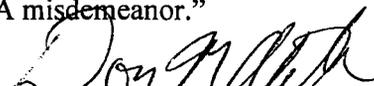
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

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."

10/24/2016

(Date)


(Signature of Chairperson)

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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: **Neosho County Republican Committee**

Address: **710 E 19th Street**

Address2:

City: **Chanute** State: **KS** Zip: **66720**

Business Phone: **(620) 305-9223**

Email Address: **dougkla57@live.com**

Chairperson Name: **Douglas Klaassen**

Address: **710 E 19th Street**

Address2:

City: **Chanute** State: **KS** Zip: **66720**

Home Telephone: **(620) 431-4523** Business Phone: **(620) 305-9223**

Email Address: **dougkla57@live.com**

Treasurer Name: **Bernard Neyer**

Address: **319 South Lafayette**

Address2:

City: **Chanute** State: **KS** Zip: **66720**

Home Telephone: **(620) 431-6807** Business Phone: **(620) 431-6807**

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

Affiliated or Name: **Kansas Republican Party**

Connected Address: **2605 SW 21st St.**

Organizations Address2: **PO Box 4157**

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: **10/7/2014 8:53:12 AM** Signature of Chairperson: **Douglas L. Klaassen**

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