## STATEMENT OF ORGANIZATION

## FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)					FILED	
I	This is a (check one)	✓ Party Committe	e Political A	Action Committee	OCT 1 7 2016	
ı	This is an (check one)	Initial Statemer	nt Amended	i Statement	001112010	
	<del></del>				KRIS W. KOBACH SECRETARY OF STATE	
COMMITTEE (PLEASE TYPE OR PRINT)						
Name Phillips County Republican Central Committee						
Mailing Address (Street, City, State, Zip Code) 1222 E Plains Rd, Agra, KS 67621			Busi ( 785	Business Telephone ( 785 ) 638-2896		
CHAIRPERSO	ON					
Name Ernest Eugene (Gene) Bugbee				Home Telephone ( 785 ) 543-5574		
Mailing Address (Street, City, State, Zip Code) 970 Oak Drive, Phillipsburg, KS 67661				Business Telephone ( 785 ) 543-6541		
TREASURER	·					
Name Bonnie	e M. Leidig		Home ( 785	Telephone 5	48	
Mailing Addre 877 F Stre	Mailing Address (Street, City, State, Zip Code) 877 F Street, Phillipsburg, KS 67661			Business Telephone ( 785 ) 543-5748		
AFFILIATED	OR CONNECTED O	RGANIZATIONS				
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 contributors.						
belief is true, co	this statement has been correct and complete. It filling a false document	understand that the	intentional failure			
(Date)	(Signature of Chairperson)					
Carrammantal	Ithiaa Cammiagian				Day ኃሰሰሰ	

, K.	· · · · · · · · · · · · · · · · · · ·
	CEIVED
STATEMENT OF ORGANIZATION GOVERNMENT.	<sup>1 &amp;</sup> 2016
STATEMENT OF ORGANIZATION GOVERNMENT ORGANIZA	ITTEES.
(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)	
Mailing Address (Street, City, State, Zip Code)  Business Telephoné  1360 W Yanker Po Loyar K 67646 (785) 543 76	51
CHAIRPERSON	·
Name Robert Rickerton  Mailing Address (Street, City, State, Zip Code)  1360 W Y CANCERD LOGAN, 6764 (785) 543 74	44
TREASURER	<u> </u>
Name Bonnie M. Leidia Home Telephone (785)543-5	748
Mailing Address (Street, City, State, Zip Code)  877 + Street, Phillips burg, RS	# 67661
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name  For) c > Registre Renty  Mailing Address (Street, City, State, Zip Code)	
Mailing Address (Street, City, State, Zip Code)  Topke K	
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of t	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 documen or intentionally filing a false document is a class A misdemeanor.	ıt
(Date) (Signature of Chairperson)	
Governmental Ethics Commission	Rev.2000

STATEMENT OF ORGA	NIZATION					
FOR POLITICAL ACTION COMMITTEES	AND PARTY COMMITTEES					
	(See Reverse Side For Instructions)					
This is a (check one)  X Party Committee	Political Action Committee					
This is an (check one) X Initial Statement	Amended Statement					
	D.IT.					
COMMITTEE (PLEASE TYPE OR PRINT)						
Name PHILLIPS COUNTY REPUBLICAN CENTRAL COMMITTEE						
Mailing Address (Street, City, State, Zip Code)  Business Telephone  Po Box 321 Philliphans (S 67661 (785) 543 2225						
La Box 251 LVIIII LOANS 10 Blee	1 (103) 373 1220					
CHAIRPERSON						
Name	Home Telephone					
Robert Pinkerton	(785) 6 89 7444					
Mailing Address (Street, City, State, Zip Code)	Business Telephone (785),543-2225					
10 Box 321 brillingari KD 62661	(1001313-12-3					
TREASURER						
Name Linda, McDOLXII	Home Telephone (785) 638-2346					
Mailing Address (Street, City, State, Zip Code)	Business Telephone					
174 4th Agra, KS (0)621	(785) 543-6825					
AFFILIATED OR CONNECTED ORGANIZATIONS						
Name						
Mailing Address (Street, City, State, Zip Code)						
If not connected or affiliated with an organization, identify the trade, p	rofession, or primary interest of the contributors.					
SIGNATURE:						
"I declare that this statement has been examined by me and to the	e 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."						
9-20-10						
(Date) (Signature of Chairperson)						

Governmental Ethics Commission

Rev.2000