

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 type="checkbox"/> Amended Statement |

FILED

NOV 02 2018

KRIS W. KOBACH
SECRETARY OF STATE

COMMITTEE (PLEASE TYPE OR PRINT)

Name Morris County Republican Central Committee

Mailing Address (Street, City, State, Zip Code)
278 Lake Road Council Grove, KS 66846

Business Telephone
()

CHAIRPERSON

Name David Baker

Home Telephone
(620) 767-6403

Mailing Address (Street, City, State, Zip Code)
278 Lake Road Council Grove, KS 66846

Business Telephone
(620) 767-2528

TREASURER

Name Rita Noll

Home Telephone
(620) 767-6039

Mailing Address (Street, City, State, Zip Code)
1563 South 700 Road Council Grove, KS 66846

Business Telephone
(785) 466-1774

AFFILIATED OR CONNECTED ORGANIZATIONS

Name Kansas Republican Party

Mailing Address (Street, City, State, Zip Code)
2605 SW 21st Street 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."

Nov 2, 2018
(Date)

David Baker
(Signature of Chairperson)

[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: **Morris County Republican Committee**

Address: **1563 S 700 Road**

Address2:

City: **Council Grove** State: **KS** Zip: **66846**

Business Phone: **(620) 161-6039**

Email Address: **rita.noll@hotmail.com**

Chairperson

Name: **Rita Noll**

Address: **1563 S 700 Road**

Address2:

City: **Council Grove** State: **KS** Zip: **66846**

Home Telephone: **(620) 767-6039** Business Phone:

Email Address: **rita.noll@hotmail.com**

Treasurer

Name: **Miki Bowman**

Address: **131 W. Main Street**

Address2:

City: **Council Grove** State: **KS** Zip: **66846**

Home Telephone: **(620) 767-7651** Business Phone: **(620) 767-5138**

Email Address: **miki.bowman@mac.com**

**Affiliated or Connected
Organizations**

Name: **Kansas Republican Party**

Address: **PO Box 4157**

Address2: **2605 SW 21st St**

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: **1/18/2013 1:47:09 PM** Signature of Chairperson: **Rita Noll**

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