

STATEMENT OF ORGANIZATION

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

RECEIVED

OCT 17 2018

KRIS W. KOBACH
SECRETARY OF STATE

COMMITTEE

(PLEASE TYPE OR PRINT)

Name
Norton County Republican Central Committy

Mailing Address (Street, City, State, Zip Code) Business Telephone
PO Box 307 310 South 4th Leona, Ks 67645 (785) 567-6150

CHAIRPERSON

Name Home Telephone
Steven L. Berry (785) 567-4649

Mailing Address (Street, City, State, Zip Code) Business Telephone
PO Box 307 310 South 4th Leona, Ks 67645 (785) 567-6150

TREASURER

Name Home Telephone
Charles W. Posson (785) 871-7174

Mailing Address (Street, City, State, Zip Code) Business Telephone
PO Box 70 12550 S. Body St Norton Ks 67654 ()

AFFILIATED OR CONNECTED ORGANIZATIONS

Name
Kansas Republican Party

Mailing Address (Street, City, State, Zip Code)
PO Box 4157, 2605 SW 21st 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."

9-14-18

(Date)

Steven L. Berry
(Signature of Chairperson)

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FILED

DEC 14 2016

KRIS W. KOBACH
SECRETARY OF STATE

COMMITTEE

(PLEASE TYPE OR PRINT)

Name *Norton County Republican Committee*

Mailing Address (Street, City, State, Zip Code)

Business Telephone

()

CHAIRPERSON

Name *Adam Conkey*

Home Telephone

(*785*) *259 3923*

Mailing Address (Street, City, State, Zip Code)

25838 2nd St Edmond KS 67645

Business Telephone

()

TREASURER

Name *Bud Posson*

Home Telephone

(*785*) *871 7174*

Mailing Address (Street, City, State, Zip Code)

12590 S Boddy St Norton KS 67654

Business Telephone

()

AFFILIATED OR CONNECTED ORGANIZATIONS

Name *Kansas State Republican Party*

Mailing Address (Street, City, State, Zip Code)

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12/11/16

(Date)

[Signature]

(Signature of Chairperson)