## STATEMENT OF ORGANIZATION

## FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES VED

(See Reverse Side For Instructions) NOV 2 0 2020
This is a (check one) Party Committee Political Action Committee
This is an (check one) Initial Statement Amended Statement KS Governmental Ethics Commission
COMMITTEE (PLEASE TYPE OR PRINT)
Montgomery Country Republican Central Committee
Mailing Address (Street, City, State, Zip Code)  403 N. Overlook Dr. Coffeyville ES (620) 870-8004
403 N. Overlook Dr. Cotteyville &3 (620) 810-8004
CHAIRPERSON
Name Home Telephone
Daviel Light (60) 870-8004
Mailing Address (Street, City, State, Zip Code)  Ho3 N. Overbok (of Peyrlle 13 6737) (620) 870-8004
403 N. Overbok Coffeyville B3 6737) (620) 870-8004
TREASURER
Name A Home Telephone
Hygela 1116 (620) 330-1961
Mailing Address (Street, City, State, Zip Code)  RO-Bot 275 Independence 67301 Business Telephone
AFFILIATED OR CONNECTED ORGANIZATIONS
Name State Republian Party
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.
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."
11/10/20
(Date) (Signature of Chairperson)
Covernmental Ethios 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	~, · '6
COMMITTEE (PLEASE TYPE OR PRINT)	تاریخ
Name Montgomery County Republican Central Committee	حو
Mailing Address (Street, City, State, Zip Code)  P.O. Box 299 Havanaks 67347 ( )	
CHAIRPERSON	
Name   Home Telephone (620) 879-2334	
Mailing Address (Street, City, State, Zip Code)  P.O. Box 299 Havona, K5 67347 ()	
TREASURER	
Name Angela Prile (620) 330-1961	
Mailing Address (Street, City, State, Zip Code)  PO. Box 275 Independence Ks (2730) 620) 252-3120	
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 contribu	ators,
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,"	
1/-/9-/6 (Date) (Signature of Chairperson)	
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