

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



### Campaign Finance Statement of Organization For Political Action Committees And Party Committees

Governmental Ethics Commission  
901 S. Kansas Ave.  
Topeka, KS 66612  
Office (785) 296-4219  
Fax (785) 296-2548  
ethics.kansas.gov

This is a (Check one)  Party Committee  PAC

This is an (Check one)  Initial Appointment  Amended Statement

**Committee** Name: **Miami County Republican Party**  
Address: **26427 w 321 St Street**  
Address2:  
City: **Paola** State: **KS** Zip: **66071**  
Business Phone: **(816) 260-5398**  
Email Address: **desraero12@gmail.com**

**Chairperson** Name: **Cliff Blackmore**  
Address: **309 E Kaskaskia**  
Address2:  
City: **Paola** State: **KS** Zip: **66053**  
Home Telephone: **(620) 309-1148** Business Phone:  
Email Address: **cliffblackmore@kw.com**

**Treasurer** Name: **Desrae Richter**  
Address: **26427 w 321 St Street**  
Address2:  
City: **Paola** State: **KS** Zip: **66071**  
Home Telephone: Business Phone: **(816) 260-5398**  
Email Address: **desraero12@gmail.com**

**Affiliated or Connected Organizations** Name: **Kansas Republican Party**  
Address: **2605 SW 21st Street**  
Address2:  
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: **1/10/2020 11:39:10 AM** Signature of Chairperson: **Cliff Blackmore/Desrae Richter**

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

!

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**  
 OCT 31 2018  
 KRIS W. KOBACH  
 SECRETARY OF STATE

COMMITTEE (PLEASE TYPE OR PRINT)

Name	MIAMI COUNTY REPUBLICAN COMMITTEE	
Mailing Address (Street, City, State, Zip Code)	309 E KASKASKIA PAOLA, KS 66071	Business Telephone (620) 309-1148

CHAIRPERSON

Name	Clifford Blackmore	Home Telephone (620) 309-1148
Mailing Address (Street, City, State, Zip Code)		Business Telephone (620) 309-1148

TREASURER

Name	Desrae Richter	Home Telephone ( )
Mailing Address (Street, City, State, Zip Code)	26427 WEST 321 <sup>st</sup> PAOLA KS 66071	Business Telephone (816) 260-5398

AFFILIATED OR CONNECTED ORGANIZATIONS

Name	KANSAS REPUBLICAN PARTY	
Mailing Address (Street, City, State, Zip Code)	PO BOX 4157 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."

10/28/2018  
(Date)

  
(Signature of Chairperson)