

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

KS Governmental Ethics Commission

NOV 20 2020
RECEIVED

COMMITTEE (PLEASE TYPE OR PRINT)

Name	Ness County Precinct Committee Meeting			
Mailing Address (Street, City, State, Zip Code)	14501 S 5 RD Ness City KS 67560		Business Telephone	(785) 798-5457

CHAIRPERSON

Name	James Higgins	Home Telephone	()	
Mailing Address (Street, City, State, Zip Code)	14501 S 5 RD Ness City KS 67560		Business Telephone	(785) 798-5457

TREASURER

Name	Kristal King	Home Telephone	(785) 798-3229	
Mailing Address (Street, City, State, Zip Code)	105 S. Depot Ness City KS 67560		Business Telephone	(785) 798-0415

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 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."

9-17-2020
(Date)

James Higgins
(Signature of Chairperson)

STATEMENT OF ORGANIZATION

RECEIVED

OCT 06 2020

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

SECRETARY OF STATE

(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

COMMITTEE (PLEASE TYPE OR PRINT)

Name *Republican Party
Ness County Precinct Committee Meeting*

Mailing Address (Street, City, State, Zip Code) *14501 S 5 RD Ness City KS 67560* Business Telephone *(785) 798-5457*

CHAIRPERSON

Name *James Higgins* Home Telephone *()*

Mailing Address (Street, City, State, Zip Code) *14501 S 5 RD Ness City KS 67560* Business Telephone *(785) 798-5457*

TREASURER

Name *Kristal King* Home Telephone *(785) 798-3229*

Mailing Address (Street, City, State, Zip Code) *105 S. Depot Ness City KS 67560* Business Telephone *(785) 798-0415*

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 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."

9-17-2020
(Date)

James Higgins
(Signature of Chairperson)

RECEIVED

NOV 13 2012

STATEMENT OF ORGANIZATION

KS Governmental Ethics Commission

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 checked="" type="checkbox"/> Initial Statement	<input type="checkbox"/> Amended Statement

FILED

NOV 09 2012

KRIS W. KOBACH
SECRETARY OF STATE

COMMITTEE (PLEASE TYPE OR PRINT)

Name: Ness County Republican Central Committee

Mailing Address (Street, City, State, Zip Code): 105 S. Depot St. Ness City, KS 67560

Business Telephone: (785) 798-0415 (cell)

CHAIRPERSON

Name: James F. Higgins

Home Telephone: (785) 798-3015

Mailing Address (Street, City, State, Zip Code): 14501 S 5 Rd Ness City, KS 67560

Business Telephone: (785) 798-5457

TREASURER

Name: Kristol K. King

Home Telephone: (785) 798-3229

Mailing Address (Street, City, State, Zip Code): 105 S. Depot St. Ness City, KS 67560

Business Telephone: (785) 798-2213

AFFILIATED OR CONNECTED ORGANIZATIONS

Name: N/A

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."

10-30-2012
(Date)

James F. Higgins
(Signature of Chairperson)