

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 checked="" type="checkbox"/> Amended Statement

COMMITTEE (PLEASE TYPE OR PRINT)

Name	PRATT COUNTY REPUBLICAN PARTY	
Mailing Address (Street, City, State, Zip Code)	50117 NE 80TH ST, PRESTON, KS 67583	Business Telephone ()

CHAIRPERSON

Name	LINDA HOEME	Home Telephone (620) 656-7471
Mailing Address (Street, City, State, Zip Code)	50117 NE 80TH ST, PRESTON, KS 67583	Business Telephone (620) 672-93333

TREASURER

Name	CATHY HERGENREDER	Home Telephone (620) 672-1500
Mailing Address (Street, City, State, Zip Code)	515 S JACKSON ST, PRATT, KS 67124	Business Telephone (620) 672-3543

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."

7-23-15
(Date)


(Signature of Chairperson)