## STATEMENT OF ORGANIZATION

## FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Ir	nstructions)						
This is a (check one) Party Committee	Political Action Committee						
This is an (check one) Initial Statement	Amended Statement						
COMMITTEE (PLEASE TYPE OR	PRINT)						
Name	1						
Scott Cainty Republican Marty							
Mailing Address (Street, City, State, Zip Code)	Business Telephone $\frac{(1620)214 \cdot 3537}{}$						
210 W 4th St. Scotl City KS 678	ell (640) 414-9291						
CHAIRPERSON							
Name	Home Telephone						
Jonathan T Berning	(620) 874-4446						
Mailing Address (Street, City, State, Zip Code)	Business Telephone						
9601 & Proad 140 Scott City X5 6757							
TREASURER							
Name	Home Telephone						
Louire See	(620) 872.3902						
Mailing Address (Street, City, State, Zip Code)	Business Telephone						
9520 n TOOS Boad Scott City Kole 78	-1/ <sup>(</sup> )						
9520 n TOOS Dood Scott City KS 678 AFFILIATED OR CONNECTED ORGANIZATIONS	RECEIVED						
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AFFILIATED OR CONNECTED ORGANIZATIONS  Name	JAN 0 5 2021						
AFFILIATED OR CONNECTED ORGANIZATIONS  Name	RECEIVED						
AFFILIATED OR CONNECTED ORGANIZATIONS  Name  Mailing Address (Street, City, State, Zip Code)	JAN 0 5 2021  KS Governmental Ethics Commission						
AFFILIATED OR CONNECTED ORGANIZATIONS  Name	JAN 0 5 2021  KS Governmental Ethics Commission e, profession, or primary interest of the contributors						
Name  Mailing Address (Street, City, State, Zip Code)  If not connected or affiliated with an organization, identify the trade	JAN 0 5 2021  KS Governmental Ethics Commission e, profession, or primary interest of the contributors						
AFFILIATED OR CONNECTED ORGANIZATIONS  Name  Mailing Address (Street, City, State, Zip Code)  If not connected or affiliated with an organization, identify the trade of A	JAN 0 5 2021  KS Governmental Ethics Commission e, profession, or primary interest of the contributors						
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# FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES COMMITTEES

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			(See Reverse Side I	or Instructions	)			
	This is a (c	heck one)	Party Committe	e Politica	al Action Committee			
	This is an (	check one)	Initial Statemer	nt Amen	nded Statement			
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COMMITTEE			(PLEASE TYPE	OR PRINT)				
Name	1100		200 10110	0.1.				
Mailing Addre	A STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.		Zin Code)		business Telephone			
130	28 Oc	12/00	e Scottlity		(20) 872-3	82(0		
			1					
CHAIRPERSO	)N			Ĭ1.	T-lh			
Name	2	1-0-15			ome Telephone	1027		
Mailing Addre	ess (Street,	City. State	. Zip Code)		Susiness Telephone	233.7		
			Que Scottli	LKS67871	(2°)			
TOTACHDED								
TREASURER					Talanhana			
Name	CIL E	Sco.	4		ome Telephone	18210		
Mailing Addre		City, State	. Zip Code)		Susiness Telephone	1 0000		
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AFFILIATED	OR CONT	SECTED (	ORGANIZATIONS					
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Mailing Addre	ss (Street,	City, State	, Zip Code)					
If not connected	or affiliated	with an or	ganization, identify the	e trade, professio	on or primary interes	st of the contributors.		
II GOV COMMENTAL	n	IA	formation received	- Hude, protesses	ni, or printing nime.	n or the commence.		
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."								
10/4//	8		_12	./	$\triangle$			
(Date)			(Sig	nature of Chair	person)			
Governmental F	thice Com	mission				Pay 2000		