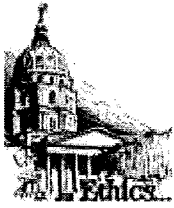


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**Campaign Finance  
Statement of Organization  
For Political Action Committees  
And Party Committees**

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: **Shawnee County Republican Party**  
Address: **2120 NE 31st Street**  
Address2:  
City: **Topeka** State: **KS** Zip: **66617**  
Business Phone: **(785) 640-0866**  
Email Address: **cheryltopeka@gmail.com**

**Chairperson** Name: **Cheryl Reynolds**  
Address: **2120 NE 31st Street**  
Address2:  
City: **Topeka** State: **KS** Zip: **66617**  
Home Telephone: Business Phone: **(785) 640-0866**  
Email Address: **cheryltopeka@gmail.com**

**Treasurer** Name: **Cheryl Reynolds**  
Address: **2120 NE 31st Street**  
Address2:  
City: **Topeka** State: **KS** Zip: **66617**  
Home Telephone: Business Phone: **(785) 640-0866**  
Email Address: **cheryltopeka@gmail.com**

**Affiliated or  
Connected  
Organizations** Name: **Kansas Republican Party**  
Address: **800 SW Jackson St**  
Address2: **Suite 1300**  
City: **Topeka** State: **KS** Zip: **66612**

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: **10/24/2020 7:02:21 PM** Signature of Chairperson: **Cheryl Reynolds**

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STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

FILED

OCT 09 2018

KRISTOPHER W. HOUSACK  
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	Shawnee County Republican Party	
Mailing Address (Street, City, State, Zip Code)	Business Telephone	
3333 NW Dawdy Ct Topeka KS 66618	( 785 ) 220-6565	

CHAIRPERSON

Name	Home Telephone
Craig McCullah	( 785 ) 220-6565
Mailing Address (Street, City, State, Zip Code)	Business Telephone
3333 NW Dawdy Ct Topeka KS 66618	( )

TREASURER

Name	Home Telephone
Mike Patton	( 785 ) 640-7404
Mailing Address (Street, City, State, Zip Code)	Business Telephone
5320 NE Kendall Wood Dr. Topeka KS 66617	( )

AFFILIATED OR CONNECTED ORGANIZATIONS

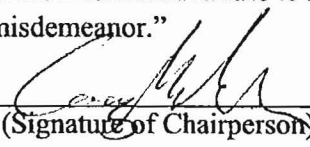
Name
Kansas Republican Party
Mailing Address (Street, City, State, Zip Code)
P.O. Box 4157 (2605 SW 21st Topeka KS 66604

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 / 7 / 18  
(Date)

  
(Signature of Chairperson)