STATEMENT OF ORGANIZATION

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FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES
(See Reverse Side For Instructions) DEC 03 2018
This is a (check one) Party Committee Political Action Committee KRIS W. KOBACH CRETARY OF STATE Amended Statement
COMMITTEE (PLEASE TYPE OR PRINT)
COMMITTEE (PLEASE TYPE OR PRINT) Name
Wichita County Republican Lommittee
Mailing Address (Street, City, State, Zip Code) Business Telephone
N/A
CHAIRPERSON
Name Home Telephone
Mailing Address (Street, Eity, State, Zip Code) Business Telephone 209 5. Indian Rd. Leoti, KS 6786 (620) 376-8430
TREASURER
Name Home Telephone
Pam Kicktord
Mailing Address (Street, City, State, Zip Code) POBOX 596 Leot; KS 6786 (620) 874-1069
AFFILIATED OR CONNECTED ORGANIZATIONS
Name Kansas State Republican Party
Mailing Address (Street City State Zin Code)
PO Box 4157 Tope Ra, RS Webby
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.
SIGNATURE:
SIGNATURE: "I declare that this statement has been examined by me and to the best of my knowledge and
"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
"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."
"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