

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

RECEIVED
JUL 23 2015

KS Governmental Ethics Commission

COMMITTEE (PLEASE TYPE OR PRINT)

Name: **WASHINGTON COUNTY REPUBLICAN CENTRAL COMMITTEE**

Mailing Address (Street, City, State, Zip Code): **P.O. BOX 182 HANOVER, KS 66945**

Business Telephone: () - () - ()

CHAIRPERSON

Name: **DEBRA SCHLABACH**

Home Telephone: **(785) 337-2639**

Mailing Address (Street, City, State, Zip Code): **311 N. EAST ST., P.O. BOX 182 HANOVER, KS 66945**

Business Telephone: () - () - ()

TREASURER

Name: **TRUDY COLE**

Home Telephone: **(785) 747-6273**

Mailing Address (Street, City, State, Zip Code): **2040 17th RD. WASHINGTON, KS 66968**

Business Telephone: () - () - ()

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.

Party or local elections

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."

7-22-15
(Date)

Debra Schlalach
(Signature of Chairperson)