

## STATEMENT OF ORGANIZATION

JAN 22 2018

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES Sommission

(See Reverse Side For Instructions)				
	This is a (check one)	Party Committee	Political Action Committee	
	This is an (check one)	Initial Statement	Amended Statement	
COMMITTEE		(PLEASE TYPE OR P	RINT)	
Name  Oraci County Republican Party  Mailing Address (Street, City, State, Zip Code)  Business Telephone				
Mailing Addre	ss (Street, City, State, Road Inga	Zip Code) //s, // \$ 67853	Business Telephone (も20)みら3-02み	<u>م</u>
CHAIRPERSO	) DN			
Name De bo	rah 5 Jury		Home Telephone (620) 335-547	2
	ss (Street, City, State, 1 Road In	Zip Code) Galls, KS 67853	Business Telephone (620)253-022	<b>ð</b>
TREASURER				
Name // CXXI	ler Busch		Home Telephone (620) 855-3288	
, · · · ·	ss (Street, City, State,	Zip Code)	Business Telephone (	-
AFFILIATED	OR CONNECTED O	Ξ;	835	
Name	· · · · · · · · · · · · · · · · · · ·			
Mailing Addre	ss (Street, City, State,	Zip Code)		
If not connected	or affiliated with an org	anization, identify the trade,	profession, or primary interest of the	ne 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."				
///6/18 (Date)		(Signature	of Chairperson)	
Governmental E	Ethics Commission			Rev.2000