

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 checked="" type="checkbox"/> Initial Statement | <input type="checkbox"/> Amended Statement |

COMMITTEE (PLEASE TYPE OR PRINT)

| | | |
|---|-------------------------------|--|
| Name | Scott County Republican Party | |
| Mailing Address (Street, City, State, Zip Code) | Business Telephone | |
| 210 W 4 th St. Scott City KS 67571 | (620) 214-3537 | |

CHAIRPERSON

| | |
|---|--------------------|
| Name | Home Telephone |
| Jonathan T Berning | (620) 874-4446 |
| Mailing Address (Street, City, State, Zip Code) | Business Telephone |
| 9601 E. Road 140 Scott City KS 67571 | () |

TREASURER

| | |
|---|--------------------|
| Name | Home Telephone |
| Loaire See | (620) 872-3902 |
| Mailing Address (Street, City, State, Zip Code) | Business Telephone |
| 9520 N Taos Road Scott City KS 67571 | () |

AFFILIATED OR CONNECTED ORGANIZATIONS

RECEIVED

| | |
|---|-----------------------------------|
| Name | JAN 05 2021 |
| Mailing Address (Street, City, State, Zip Code) | KS Governmental Ethics Commission |
| N/A | |

If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

N/A

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."

1/5/21
(Date)


(Signature of Chairperson)