STATEMENT OF ORGANIZATION

R	ECEIVED
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMI	TTEES AN 1 0 2022
	OTT SCHWAB
This is a (check one) Y Party Committee Political Action Committee SECR	ETARY OF STATE
This is an (check one) Initial Statement Amended Statement	
COMMITTEE (PLEASE TYPE OR PRINT)	
Name	, ,
Greenwood County Republican Commi	# e
Mailing Address (Street, City, State, Zip Code) Business Telephone	
CHAIRPERSON	
Name Home Telephone	
Canal Ann Floris (G20) 437-5	768
Mailing Address (Street, City, State, Zip Code) Business Telephone	
3070 AA Rd, Madison, KI (CLECO())	
TREASURER	
Name Home Telephone	
Taska Lyn Brandt (620) 583-	29.3/
Mailing Address (Street, City, State, Zip Code) Business Telephone	ļ I
324 N. Adams, Eureko, Ki CTOKS()	
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.
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 documer	ıt
or intentionally filing a false document is a class A misdemeanor."	
(Date) (Signature of Chairperson)	
Governmental Ethics Commission	Rev.2000