Reset page		
STATEMENT OF ORGANIZATION		
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES		
(See Reverse Side For Instructions)		
This is a (check one)Image: Party CommitteeThis is an (check one)Initial Statement	r Instructions)	D
COMMITTEE (PLEASE TYPE C	DR PRINT)	
Name Hamilton County Republican Committee	DR PRINT)	sion
Mailing Address (Street, City, State, Zip Code) 8301 E River Rd, Kendall, KS, 67857	Business Telephone (620) 451-0380	
CHAIRPERSON		
Name Michael Lewis	Home Telephone (620) 451-0380	
Mailing Address (Street, City, State, Zip Code) 8301 E Rvier RD, Kendall, KS, 67857	Business Telephone (620) 451-0380	
TREASURER		
Name Randy Braddock	Home Telephone (620) 384-7855	
Mailing Address (Street, City, State, Zip Code) P.O. Box 758, Syracuse, KS, 67878	Business Telephone ()	
AFFILIATED OR CONNECTED ORGANIZATIONS		
Name		
Mailing Address (Street, City, State, Zip Code)		
If not connected or affiliated with on experimetion identify the trade and family and the family of the trade		
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 document or intentionally filing a false document is a class A misdemeanor." $\frac{O3/14/23}{CMCLas}$		
(Date) (Signa	ture of Chairperson)	
Governmental Ethics Commission	Print page Rev	.2000