STATEMENT OF ORGANIZATION
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES
(See Reverse Side For Instructions)
This is a (check one) Party Committee Political Action Committee
(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 PRINT)
Name Mitchell COUNTY REDUBLICANS (C
Mailing Address (Street, City, State, Zip Code) 3415 KS HWY9 Beloit 18 (07420 (785) - 545 - 6469
CHAIRPERSON
Name Brian Dovle Home Telephone (785) 545 6469
Mailing Address (Street, City, State, Zip Code) Business Telephone 3415 KS HWY A Boloit KANSS (185) - 545-6464
TREASURER
Name Home Telephone (785) 545-6469
Mailing Address (Street, City, State, Zip Code) 3415 XS +1NU 9 BO 151T XS (7420(785) 545-6469
AFFILIATED OR CONNECTED ORGANIZATIONS
Name
Mailing Address (Street, City, State, Zip Code)
L
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."
(Date) (Signature of Chairperson)

Governmental Ethics Commission

Rev.2000