STATEMENT OF ORGANIZATION

Programme Commence

STATEMENT OF ORGANIZATION,	
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITT	EES
RECE	
(See Reverse Side For Instructions) This is a (check one)	g 2022
This is a (check one) A Party Communice Point and Action Communice	
This is an (check one) Initial Statement Amended Statement SCOTT S	OF STATE
COMMITTEE (PLEASE TYPE OR PRINT)	
Name RANO COUNTY REABLICAN CONTRAL COMMITTEE	
Mailing Address (Street, City, State, Zip Code) Business Telephone	
P.O. BOX 831 HUTCHZWSON, 1LAWSAS 675024 (620) 899-0462	
CHAIRPERSON	
Name Home Telephone (620) 899-0462	
Mailing Address (Street, City, State, Zip Code) Business Telephone	
3504 ROCKWOOD DR HURHENSON, KANNO 67502()	
TREASURER	national products and to Francisco see manifest
Name Home Telephone WENDY O'BRIEN (225) 939-9021	
Mailing Address (Street, City, State, Zip Code) Business Telephone	
4711 E. 56TH HUTCHENSON KANSAS 67502 ()	
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name	
Mailing Address (Street, City, State, Zip Code)	
<u> </u>	
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the c	ontributors.
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."	
9-22-2021 Mr/to	
(Date) (Signature of Chairperson)	
Governmental Ethics Commission	Rev.2000