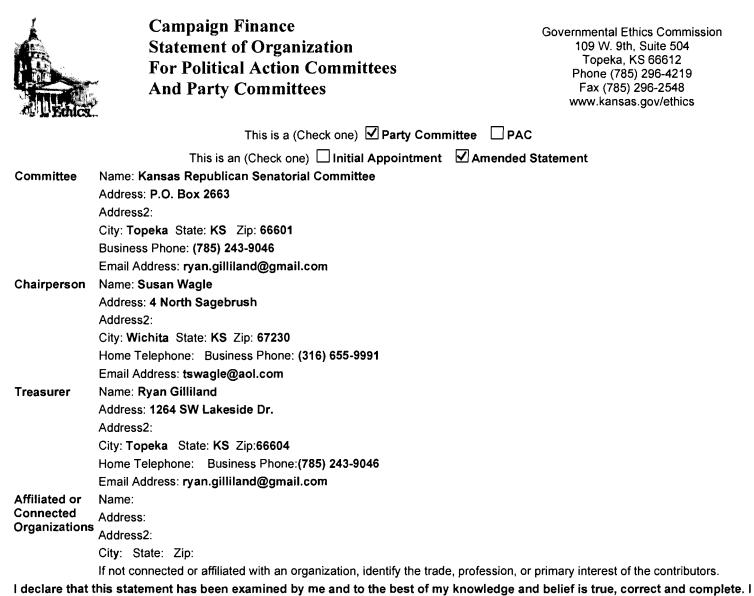
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	Campaign Finance Statement of Organization For Political Action Committees And Party Committees	Governmental Ethics Commission 109 W. 9th, Suite 504 Topeka, KS 66612 Phone (785) 296-4219 Fax (785) 296-2548 www.kansas.gov/ethics		
This is a (Check one) 🖌 Party Committee 👘 PAC				
Committee	Name: Kansas Republican Senatorial Committee Address: P.O. Box 2663 Address2:	✓ [:] Amended Statement		
Chairperson	City: Topeka State: KS Zip: 66601 Business Phone: (785) 243-9046 Email Address: ryan.gilliland@gmail.com Name: Susan Wagle			
	Address: 4 North Sagebrush Address2: City: Wichita State: KS Zip: 67230 Home Telephone: Business Phone: (316) 655-9991			
Treasurer	Email Address: tswagle@aol.com Name: Ryan Gilliland Address: 1264 SW Lakeside Dr. Address2: City: Topeka State: KS Zip:66604			
Affiliated or Connected Organizations	Address2:			
	City: Topeka State: KS Zip: 66604 If not connected or affiliated with an organization, identify to contributors. this statement has been examined by me and to the bes . I understand that the intentional failure to file this doc isdemeanor.	st of my knowledge and belief is true, correct		
Executed on: Date: 10/17/2014 1:14:21 PM Signature of Chairperson: Susan Wagle				

Date: 10/17/2014 1:14:21 PM Signature of Chairperson: Susan Wagle

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	This is a (Check one) Party Committee PAC	
	This is an (Check one) Initial Appointment Amended State	ment
Committee	Name: Kansas Republican Senatorial Committee Address: P.O. Box 2663 Address2: City: Topeka State: KS Zip: 66612-1504	
	Business Phone: (785) 243-9046	
	Email Address: ryan.gilliland@gmail.com	
Chairperson	Name: Susan Wagle	
	Address: 4 North Sagebrush	
	Address2:	
	City: Wichita State: KS Zip: 67230	
	Home Telephone: Business Phone: (316) 655-9991	
	Email Address: tswagle@aol.com	
Treasurer	Name: Ryan Gilliland	
	Address: 2049 SW Regency Parkway	
	Address2:	
	City: Topeka State: KS Zip:66604	
	Home Telephone: Business Phone: (785) 243-9046	
	Email Address: ryan.gilliland@gmail.com	
Affiliated or Connected Organizations	d Name: Address:	
organizationio	Address: Address2:	
	City: State: Zip:	
	If not connected or affiliated with an organization, identify the trade, profe	ession or primary interest of the
	contributors.	
I declare that this state	ement has been examined by me and to the best of my knowledge and	belief is true, correct and

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.

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