FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES						
(See Reverse Side For Instructions)						
This is a (check one) Party Committee Political Action Committee						
Towns years and a second secon						
This is an (check one) Initial Statement Amended Statement						
COMMITTEE (PLEASE TYPE OR PRINT)						
Name C T + 1 D						
Decond District Republican Committee						
Mailing Address (Street, City, State, Zip Code) Business Telephone (785) 640-0866						
-: 2120 NE 311+ St. Topetre ts (785) 640-0866						
CHAIRPERSON						
Name Home Telephone						
Cheryl Reynolds (785) 640-0866						
Mailing Address (Street, City, State, Zip Code) Business Telephone						
2120 NE 315t St Topaka, KS 66617 1785) 640-0866						
TREASURER						
Name Anthony Brown (785) 542-2293						
Mailing Address (Street, City, State, Zip Code) Business Telephone						
799 E 2200 Rd Elidira, K1 (785) 331-5003						
66025						
AFFILIATED OR CONNECTED ORGANIZATIONS						
• ·						
AFFILIATED OR CONNECTED ORGANIZATIONS Name						
AFFILIATED OR CONNECTED ORGANIZATIONS						
AFFILIATED OR CONNECTED ORGANIZATIONS Name						
AFFILIATED OR CONNECTED ORGANIZATIONS Name						
AFFILIATED OR CONNECTED ORGANIZATIONS Name Malling Address (Street, City, State, Zip Code)						
AFFILIATED OR CONNECTED ORGANIZATIONS Name Malling Address (Street, City, State, Zip Code) If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors. Primary Interest: Ransas Republican Party						
AFFILIATED OR CONNECTED ORGANIZATIONS Name Malling Address (Street, City, State, Zip Code) If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors. Primary Interest: Mansas Republican Party SIGNATURE:						
AFFILIATED OR CONNECTED ORGANIZATIONS Name Malling Address (Street, City, State, Zip Code) If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors. Primary Interest: Mansas Republican Marty SIGNATURE: "I declare that this statement has been examined by me and to the best of my knowledge and						
AFFILIATED OR CONNECTED ORGANIZATIONS Name Malling Address (Street, City, State, Zip Code) If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors. Primary Interest: Hansel Republican Horty 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						
AFFILIATED OR CONNECTED ORGANIZATIONS Name Malling Address (Street, City, State, Zip Code) If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors. 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 Amisdemeanor."						
AFFILIATED OR CONNECTED ORGANIZATIONS Name Malling Address (Street, City, State, Zip Code) If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors. Primary Interest: Hansel Republican Forty 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						

785-215-8982

•	Do.		-	•	~	•
	Re	3 C I	. и		u	c

STATEMENT OF ORGANIZATION

STATEMENT OF OKCAMIZATION						
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES						
(See Reverse Side For Instructions)						
This is a (check one) Party Committee Political Action Committee JAN 10 2014						
This is an (check one) Initial Statement Amended Statement RS Governmental Ethics Commiss						
COMMITTEE (PLEASE TYPE OR PRINT)						
Name Second District Republican Committee						
Mailing Address (Street, City, State, Zip Code) And NE 31st St Tooke 15 (785) 640-0866						
CHAIRPERSON						
Name Chery Reynolds Home Telephone (785) 640-0866						
Mailing Address (Street, City, State, Zip Code) Business Telephone O HOX SOST DOCKETS (5 to 6 to 12 (7 85) 2 (5 - 8980)						
TREASURER						
Name Anthony Brown (785) 542-2293						
Mailing Address (Street, City, State, Zip Code) Subject Business Telephone						
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 document						
or intentionally filing a false document is a class A misdemeanor."						
(Signature of Chairperson)						
(Date) (Signature of Champerson) Governmental Ethics Commission Rev. 2000						

Print this form or Go Back



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

Committee

This is an (Check one) Initial Appointment Name: Second District Republican Committee

Amended Statement

Address: 2120 NE 31st St.

Address2:

City: Topeka State: KS Zip: 66617-3536

Business Phone: (785) 640-0866 Email Address: reynoldsca@cox.net

Chairperson

Name: Cheryl Reynolds Address: 2120 NE 31st St.

Address2:

City: Topeka State: KS Zip:

Home Telephone: (785) 286-2579 Business Phone: (785) 640-0866

Email Address: reynoldsca@cox.net

Treasurer

Name: Norbert Marek-Address: 403 Redbud

Address2:

City: Westmoreland State: KS Zip:66549

Home Telephone: (785) 458-8452 Business Phone: (785) 765-2401

Email Address: mareklaw@yahoo.com

Affiliated or Connected

Organizations

Name:

Address:

Address2:

City: State: Zip:

If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the

contributors.

Kansas Republican Party

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.

Executed on:

Date: 1/10/2011 11:22:14 PM Signature of Chairperson: Cheryl Reynolds

Print this form or Go Back