STATEMENT OF ORGANIZATION

STATEMENT OF ORGANIZATION	TTEES 2 2018
	- 1VM.3 -
(See Reverse Side For Instructions) This is a (check one) Party Committee Political Action Committee	Governmental Ethics Commit
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 Second District Committee KS GOP	
Mailing Address (Street, City, State, Zip Code) Business Telephone 2120 NE 3151 JT Tooks KILLIN 785)640-086	<u>, b</u>
CHAIRPERSON	
Name Home Telephone (785) 640-086	6
Mailing Address (Street, City, State, Zip Code) Business Telephone 2120 NE 31st St. Tooke K. 16617 (785) 286-257	9
TREASURER	
Name Home Telephone (785) 691 - 53	557
Mailing Address (Street, City, State, Zip Code) Business Telephone O SOX 1042 LONDOCC K 16/16/14	
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 th	e 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 Champerson)	
Governmental Ethics Commission	Rev.2000