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**Campaign Finance
Statement of Organization
For Political Action Committees
And Party Committees**

Governmental Ethics Commission
901 S. Kansas Ave.
Topeka, KS 66612
Office (785) 296-4219
Fax (785) 296-2548
ethics.kansas.gov

This is a (Check one) Party Committee PAC

This is an (Check one) Initial Appointment Amended Statement

Committee Name: **Third Congressional Dist. Republican Party**

Address: **7111 W 151st St, #287**

Address2:

City: **Overland Park** State: **KS** Zip: **66223**

Business Phone: **(913) 280-0720**

Email Address: **lynn.mowrey2@gmail.com**

Chairperson Name: **Jacob Swisher**

Address: **20061 S Prestone**

Address2:

City: **Spring Hill** State: **KS** Zip: **66083**

Home Telephone: **(913) 222-4380** Business Phone:

Email Address: **jaswisher@gmail.com**

Treasurer Name: **Lynn Mowrey**

Address: **1411 N 3rd St E**

Address2:

City: **Louisburg** State: **KS** Zip: **66053**

Home Telephone: **(913) 280-0720** Business Phone: **(913) 280-0720**

Email Address: **lynn.mowrey2@gmail.com**

Affiliated or Name:

Connected Address:

Organizations Address2:

City: State: Zip:

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

Political Committee

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: **3/11/2021 9:10:25 AM** Signature of Chairperson: **Jacob Swisher**

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Address: **1411 N 3rd St E**

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City: **Louisburg** State: **KS** Zip: **66053**

Business Phone: **(913) 280-0720**

Email Address: **lynn.mowrey2@gmail.com**

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Email Address: **lynn.mowrey2@gmail.com**

Affiliated or Name:

Connected Address:

Organizations Address2:

City: State: Zip:

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Political Committee

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: **1/6/2021 12:33:24 PM** Signature of Chairperson: **Jacob Swisher**

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This is a (Check one) **Party Committee** **PAC**

This is an (Check one) **Initial Appointment** **Amended Statement**

Committee Name: **Republican Third Congressional District of Kansas**

Address: **15417 S. Alcan St.**

Address2:

City: **Olathe** State: **KS** Zip: **66062**

Business Phone: **(913) 461-4098**

Email Address: **mr@michelelockwood.com**

Chairperson Name: **Michele Lockwood**

Address: **15417 S. Alcan St.**

Address2:

City: **Olathe** State: **KS** Zip: **66062**

Home Telephone: Business Phone: **(913) 461-4098**

Email Address: **mr@michelelockwood.com**

Treasurer Name: **Theresa Segraves**

Address: **12601 W. 132nd St.**

Address2:

City: **Overland Park** State: **KS** Zip: **66213**

Home Telephone: Business Phone: **(913) 908-6661**

Email Address: **tsegraves@gmail.com**

Affiliated or Name: **KS GOP**

Connected Address: **PO Box 4157**

Organizations Address2:

City: **Topeka** State: **KS** Zip: **66604**

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

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: **1/8/2019 11:49:58 AM** Signature of Chairperson: **Michele R. Lockwood**

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