STATEMENT OF ORGANIZATION

RECEIVED

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

		(See Reverse S	Side For	Instru	ctions) KS Government	al Ethics Commission		
	This is a (check one)	✓ Party Cor	mmittee		Political Action Committee			
	This is an (check one)	Initial St	atement		Amended Statement			

COMMITTEE (PLEASE TYPE OR PRINT)								
Name Secon	d District Republica	n Committee	of Kans	as GC	OP			
Mailing Address (Street, City, State, Zip Code) 7061 SW Queens Ct, Topeka, KS 66614					Business Telephone (785) 250-7461			
CHAIRPERSO	ON							
Name Eric R	ucker				Home Telephone (785) 250-7461			
	ess (Street, City, State, Lueens Ct, Topeka, k				Business Telephone (785) 250-7461			
TREASURER								
Name					Home Telephone			
Ray J.					(785) 336-3325			
	ess (Street, City, State, Street, Seneca, KS (N-1		Business Telephone (785) 294-1514			
AFFILIATED	OR CONNECTED O	RGANIZATIO	ONS		1. A A A A A A A A.			
Name								
Mailing Addre	ess (Street, City, State,	Zip Code)						
If not connected	or affiliated with an org	anization, ident	tify the tra	ıde, pro	ofession, or primary interest of	the contributors.		
SIGNATURE:								
					best of my knowledge and			
					nal failure to file this docume	nt		
or intentionally	filing a false docume	nt is a class A	misdeme	anor.				
6/28/2	3	-	(Au	10	Todas			
(Date) /			Signatu	ire of	Chairperson)			
Governmental E	Ethics Commission				_	Rev.2000		

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMIT	TEES 2 201
	_{overnmental} Ethics
This is an (check one) Initial Statement Amended Statement	
COMMITTEE (PLEASE TYPE OR PRINT) Name	
Mailing Address (Street, City, State, Zip Code) Respectible 1785 690-086	φ
CHAIRPERSON	
Name, Home Telephone (785) 640-0861	0
Mailing Address (Street, City, State, Zip Code) Business Telephone 2120 NE 31st St. Topoko K. Web 7(785) 266-2570	3
TREASURER	
Name Home Telephone (785) 691-55	57
Mailing Address (Street, City, State, Zip Code) Business Telephone Color Code 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." (Date) (Signature of Charperson)	
Governmental Ethics Commission	Rev.2000