FIL STATEMENT OF ORGANIZATION	· ·
OCT FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTE SECRET (See Reverse Side For Instructions)	ES
(See Reverse Side For Instructions)	
This is a (check one) X Party Committee Political Action Committee	
This is an (check one) Initial Statement Amended Statement	
COMMITTEE (PLEASE TYPE OR PRINT)	
Name Gove Connty Republican Party Central Constitue	
Name Gove Connity Republican Farty CENTral Constitue Mailing Address (Street, City, State, Zip Code) Business Telephone SD23 Connity Road H Gove, Kis (17736 (220) 397-5590	
CHAIRPERSON	
Name Home Telephone Arnold W Prather (620) 397-5590	2
Mailing Address (Street, City, State, Zip Code) 67736 Business Telephone 5023 (0. Rd H Gove Ks ())	
TREASURER	
Name Home Telephone (785)824-3357	7
Mailing Address (Street, City, State, Zip Code) 67738 Business Telephone 2320 (0-Rd. 32 Grinnell Ks ())	
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name Kausa R II OT	
Mailing Address (Street, City, State, Zip Code)	
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the cont Kansas Republican Party	tributors.
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 Chairperson)	
Governmental Ethics Commission R	ev.2000