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FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

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

Rocks County Republican Central Committee

Mailing Address (Street, City, State, Zip Code)

1090 30 Rd, Woodston KS

Business Telephone

(785) 994-6278

67675

CHAIRPERSON

Name

Jim Circle

Home Telephone

(785) 994-6278

Mailing Address (Street, City, State, Zip Code)

1090 30 Rd

Business Telephone

Cell (785) 994-3278

Woodston KS 67675

TREASURER

Name

Stephen Bigge

Home Telephone

(785) 425-7337

Mailing Address (Street, City, State, Zip Code)

Box 202, Stockton KS

Business Telephone

()

67669

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."

Oct 25, 2010

(Date)

Jim Circle

(Signature of Chairperson)

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SECRETARY OF STATE

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1090 30 Rd Woodston KS 67675

Business Telephone

()

TREASURER

Name

Chris L. Kollman

Home Telephone

(785) 425-6318

Mailing Address (Street, City, State, Zip Code)

420 N. Ash Stockton, KS 67669

Business Telephone

(785) 425-6221

AFFILIATED OR CONNECTED ORGANIZATIONS

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9/30/08

(Date)

(Signature of Chairperson)