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

Governmental Ethics Commission  
109 W. 9th, Suite 504  
Topeka, KS 66612  
Phone (785) 296-4219  
Fax (785) 296-2548  
[www.kansas.gov/ethics](http://www.kansas.gov/ethics)

This is a (Check one)  Party Committee  PAC

This is an (Check one)  Initial Appointment  Amended Statement

**Committee**

Name: **Seward County Republican Central Committee**

Address: **818 N. Lincoln**

Address2:

City: **Liberal** State: **KS** Zip: **67901-2121**

Business Phone: **(620) 655-2406**

Email Address: **reid.petty@usd480.net**

**Chairperson**

Name: **Reid Petty**

Address: **818 N. Lincoln**

Address2:

City: **Liberal** State: **KS** Zip: **67901**

Home Telephone: **(620) 655-2406** Business Phone: **(620) 655-2406**

Email Address: **reid.petty@usd480.net**

**Treasurer**

Name: **Terry Kilgore**

Address: **1900 Calhoun**

Address2:

City: **Liberal** State: **KS** Zip: **67901-2121**

Home Telephone: **(620) 624-5120** Business Phone: **(620) 624-5582**

Email Address: **tjkilgore@sbcglobal.net**

**Affiliated or Connected Organizations**

Name:

Address:

Address2:

City: State: Zip:

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: **10/18/2010 12:43:12 AM** Signature of Chairperson: **Reid Petty**

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Executed on:

Date: **10/13/2010 9:51:12 PM** Signature of Chairperson: **Reid Petty**

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STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

FILED  
OCT 06 2008  
RON THORNBURGH  
SECRETARY OF STATE

This is a (check one)	<input checked="" type="checkbox"/> Party Committee	<input type="checkbox"/> Political Action Committee
This is an (check one)	<input type="checkbox"/> Initial Statement	<input type="checkbox"/> Amended Statement

(PLEASE TYPE OR PRINT)

Name	Seward County Republican Party	
Mailing Address (Street, City, State, Zip Code)	544 S. Kansas Liberal, Kansas 67901	
Business Telephone	(620) 624-6000	

CHAIRPERSON

Name	John Trimmell	
Mailing Address (Street, City, State, Zip Code)	544 S. Kansas Liberal, Kansas 67901	
Home Telephone	(620) 482-2363	
Business Telephone	(620) 624-6000	

TREASURER

Name	Leonard McDonald	
Mailing Address (Street, City, State, Zip Code)	1621 S. Kansas Ave. Liberal, Kansas 67901	
Home Telephone	(620) 624-9412	
Business Telephone	(620) 626-1214	

AFFILIATED OR CONNECTED ORGANIZATIONS

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

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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."

10/1/08  
(Date)

John Trimmell  
(Signature of Chairperson)