DEC 142	/11// 1	FROM FILING A PARTY CON	G RECEIP	TS AN		URES RE		E
	MMUTTER	RECEIVED OR E R COMMITTEE R						
		FORM MAY NO						×
Instructions: T	his form ma	y be used by the trea	surer of any p	arty comm	ittee or political a	ction commit	ee which quali	fies for the exemption
66612) PRIO	R TO JAN	F BE FILED WITH UARY 10, 2012. If a treasurer must main	a party or polit	tical actior	committee qualit	fies for this ex		
			PLE	ASE PRIN	TT OR TYPE	•		
A. Name of C	ommittee _	GRANT COUNT	Y REPUBLI	CAN CEN	TRAL COMMIT	TEE	·	
Address <u>F</u>	P.O. Box	885		City	Ulysses, KS	67880	Zip Code	67880
Telephone	(620)	356-4951	/					·
B. Name of T	reasurer	Loy (Von) A	nthony II					
		Illinois Ave		City	Ulysses,	Ks	Zip Code	67880
Home Tele	ephone (620) 424–1361		Bu	siness Telephone			
C. Affidavit: State of Ka County of I, Loy	Gran) t) Anthony II	* * * * * * * *		, treasurer	of the		
Grant	County	Republican Ce	ntral Com	mittee		d	o swear (or aff	irm) that:
		(Name of Party or	Political Acti	on Comm	ittee)			
2. In the exper 3. In the an ag	e non-electiond, an aggre e non-election ggregate am e non-election	in Items A and B ab on year to which this egate amount or valu on year to which the ount or value of less on year to which this mount or value in ex-	s affidavit app ue of less than e affidavit app s than five hur s affidavit app	blies, the a five hund plies, the ndred doll blies, the a	lred dollars (\$500 above party or po ars (\$500); bove party or pol); litical action itical action o	committee rec	eived contributions
	aggregate a				-,,			
in an				i		1 1	1. 1	
in an	aggregate a //2/// (Date)		·	:		2 Int (Signature	of Treasurer)	
in an /2,	<u>/12/11</u> (Date)	· · · ·	ore me this	12+4	Loy			
in an /2,	//2//// (Date) bed and swo		ore me this	12+4	Loy	mou K		
in an /2,	$\frac{12}{(\text{Date})}$	orn to (affirmed) bef WILMA K. CO R Notery Public State Agra, Expires 4-18	ore me this _/		Loy	mou K (Not:	, 20 <u>Coulte</u> ary Public) <u>18</u> , 20	<u>//</u> <u>14</u> v. 2000