THE ET

AFFIDAVIT OF EXEMPTION

JAN 0 9 2012

FROM FILING RECEIPTS AND EXPENDITURES REPORTS BY A PARTY COMMITTEE OR POLITICAL ACTION COMMITTEE

KRIS W. KOBACH SECRETARY OF STATE

Governmental Ethics Commission

IF YOUR COMMITTEE RECEIVED OR EXPENDED OR CONTRACTED TO EXPEND \$500 OR MORE IN CALENDAR YEAR 2011 OR IF YOUR COMMITTEE RECEIVED A CONTRIBUTION IN EXCESS OF \$50 FROM ANY ONE CONTRIBUTOR, THIS FORM MAY NOT BE USED.

Instructions: This form may be used by the treasurer of any party committee or political action committee which qualifies for the exemption.

THIS AFFIDAVIT MUST BE FILED WITH THE SECRETARY OF STATE (120 SW 10th, 1th Floor Memorial Hall, TOPEKA, KANSAS 66612) PRIOR TO JANUARY 10, 2012. If a party or political action committee qualifies for this exemption, a Statement of Organization still must be filed and the treasurer must maintain the required records. (K.S.A. 25-4145)

		PLEASE PRINT OR TYPE		,
A. Name o	of Committee <u>Stafford</u> Co	unty Republican 9	Party	
Address	s PO Box 12	City <u>St. John</u>	, KS Zip Code	67576
Telepho	one <u>620 - 549 - 327/</u>			
B. Name of	of Treasurer <u>Kim H. Hul</u>	lman		· ———
Address	. III Centennial	City <u>St. Johr</u>	Zip Code	67576
Home T	Telephone <u>620 - 549 -</u> 342	8 Business Telephone	620-549-3	27/
C. Affidavi State of County	rit: fKansas of <u>Stafford</u>			
ı, <u>K</u>	im H. Hullman	, treasure	r of the	
<u>5F</u>	Co. Republican Par (Name of Party or Politic	cal Action Committee)	do swear (or a	ffirm) that:
 In ex In an In an 	the information in Items A and B above is a the non-election year to which this affidate amount or value of least the non-election year to which the affidate aggregate amount or value of less than a the non-election year to which this affidate an aggregate amount or value in excess of	avit applies, the above party or poless than five hundred dollars (\$500 avit applies, the above party or police hundred dollars (\$500); avit applies, the above party or poles.	0); olitical action committee rec litical action committee rec	eceived contributions in
	//3//2 (Date)	<u> </u>	(Signature of Treasurer)	/m
	scribed and sworn to (affirmed) before me	e this 31d day of JAN	(,0)	12 840l
	APP En 5/7/2015	My Appointment Expire	(Notary Public)	0 15