STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

		(See Reverse Side For In	structions)	
	This is a (check one)	Party Committee	Political Action Committee	
	This is an (check one)	Initial Statement	Amended Statement	
COMMITTEE		(PLEASE TYPE OR F		 -
Name CQ C	ounty Republi	can Central Con	imittee	
Mailing Addre	ess (Street, City, State, TRd 28 Ell	Zip Code) R Cily, KS 6739	Business Telephone (620) 330 75	130
CHAIRPERSO	ON .	,		
Name Jun	n Reason		Home Telephone (620) 330 74	
Mailing Addre	ess (Street, City, State 5 Rd 28 E	Zip Code)	Business Telephone 7349(620) 330 7	430
TREASURER				
Name Amy	css (Street, City, State		Home Telephone (620) 725-3	3543
Mailing Addre	ess (Street, City, State Rd 11 Le dan	, Zip Code) L, KS 67361	Business Telephone	5427
AFFILIATED	OR CONNECTED C	RGANIZATIONS		
Name Kansas Republican Party				
Mailing Addre	ess (Street, City, State Box 4157	18		
260	5 SW 215 5th	reet Topeka, K ganization, identify the trade	(\$ 66604 e, profession, or primary interes	et of the contributors.
				FILED
SIGNATURE:				SEP 28 2012
"I declare that t	this statement has bee	n examined by me and to	the best of my knowledge are	d SEP 28 2012
or intentionally	orrect and complete. filing a false docume	nt is a class A misdemear	nor."	IIII CIII
"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." SECRETARY OF STATE Gignature of Chairperson)				
(Date)		(Signatur	e of Chairperson)	- [
Governmental E	Ethics Commission			Rev.2000

STATEMENT OF ORGANIZATION FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES
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 Chautauqua County Republican - Central Commitee
Mailing Address (Street, City, State, Zip Code) DO box 1 Sedan, KS 67361 (620) 725-3335
po poet seaatt, les districtions to seasons
CHAIRPERSON
Name J. D. Rector (620) 725-3335
Mailing Address (Street, City, State, Zip Code) PO Box I Sedan, K5 67361 Business Telephone
TREASURER
Name Linda Kline (620) 673-9185
Mailing Address (Street, City, State, Zip Code) 1459 Road 31 EIK City, KS 67344 ()
AFFILIATED OR CONNECTED ORGANIZATIONS
Name
Mailing Address (Street, City, State, Zip Code)
<u></u>
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.
CICNATIDE
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.
10-8-10
(Date) (Signature of Chairperson)

Governmental Ethics Commission

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