STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

		FILED		
	This is a (check one)	Party Committee	Political Action Comm	
	This is an (eheck one)	Initial Statement	Amended Statement	SEP 1 0 2012
COMMITTEE		(PLEASE TYPE OR	PRINT)	SECRETA NO KORACH
			 _	OF STATE
Hai	ni ton Co	- Kepublie	an Contral (com wittere
Mailing Addre ろら)	ss (Street, City, State 327 Sy M	Zip Code) Cuse, KS G78°	Business Telep 78 (620) 35<	hone 2- 537-3
CHAIRPERSO				
Name Jos	ephil. Gou	(d	Home Telephone (_しなっ) さる	e 4 7868
Mailing Addre	ss (Street, City, State		Business Telep	hone
TREASURER	<u>. </u>			_ _
Name Key	in Fox		Home Telephone(そな)38	
Mailing Addre	ss (Street, City, State 24, Syracus		Business Telep	hone
AFFILIATED	OR CONNECTED C	RGANIZATIONS		
Name				
Mailing Addre	ss (Street, City, State,	, Zip Code)		
If not connected of	or affiliated with an org	anization, identify the tra	de, profession, or primary i	nterest of the contributors.
<u> </u>		-		
SIGNATURE: "I declare that the		n examined by me and to	o the best of my knowled	ge and
belief is true, ed	prect and complete.	•	entional failure to file this	•
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(Date)		J (Signatu	re of Chairperson)	
Governmental E	thics Commission			Rev.2000

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SECRE	ine.	(See Reverse Side For	Instructions)				
	(See Reverse Side For Instructions) This is a (check one) Party Committee Political Action Committee						
	This is an (check one)	Initial Statement	Amended Statement				
	- CHOOK ONE)		Amended statement				
COMMITTEE	3 	(PLEASE TYPE O	R PRINT)	,			
Name HAMILTO	N COUNTY REPUBLIC	CAN PARTY CENTRAL	COMMITTEE				
	ess (Street, City, State CR 34, Kendall,		Business Telephone (620) 384-5574				
CHAIRPERSO	ON						
Name Arland	Rogers		Home Telephone (620) 384-5574				
Mailing Addre 8701 SE	ess (Street, City, State CR 34, Kendall,	, Zip Code) KS 67857	Business Telephone				
TREASURER			· .				
Name Marcia	Ashmore	,	Home Telephone (620) 384-7420				
Mailing Addre	ess (Street, City, State 213, Syracuse, K	, Zip Code) S 67878	Business Telephone (620) 384-5629				
AFFILIATED	OR CONNECTED C	RGANIZATIONS					
Name							
Mailing Addre	ess (Street, City, State	Zip Code)		÷.			
If not connected	or affiliated with an org	ganization, identify the tr	ade, profession, or primary interest of the	ne contributors.			
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	this statement has bee	· · · · · · · · · · · · · · · · · · ·	to the best of my knowledge and				
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(Date)		(Signa	ture of Chairperson)				
Governmental H	Ethics Commission	•		Rev.2000			