STATEMENT OF ORGANIZATION	
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES	
(See Reverse Side For Instructions)	
This is a (check one) X Party Committee Political Action Committee	
This is an (check one) Initial Statement X Amended Statement	
COMMITTEE (PLEASE TYPE OR PRINT)	
Haskell County Republican Party Centrul Committee	
Name Haskell County Republican Party Centrul Committee Mailing Address (Street, City, State, Zip Code) P.D. Box 355, Subletz, Kassee 67877 (620) 675-2738	
CHAIRPERSON	
Name Home Telephone	
(AULHN LOWER (420) 675-2738	
Mailing Address (Street, City, State, Zip Code)Business Telephone402. South Elling South Ell	
TREASURER	
Name Tom Stoppel Home Telephone (620) 675-8149	
Mailing Address (Street, City, State, Zip Code) P.O. Box 592 Subletre Ks 67827 () Business Telephone	
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name	
Mailing Address (Street, City, State, Zip Code)	
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors	
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." $\frac{10-15-12}{(Date)}$ (Signature/of Chairperson)	
Governmental Ethics Commission Rev.2000	

STATEMENT OF ORGANIZATION NOV 15 2010 FOR POEITICAL 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 HASKELL COUNTY Republican Central Committee
Mailing Address (Street, City, State, Zip Code) Box 355 Sublette RS 67877 (620) 675-2738
CHAIRPERSON
Name Home Telephone (620)675-2738
Mailing Address (Street, City, State, Zip Code) Box 355 Sublette KS 67877 (620) 575-6403
TREASURER
Name Home Telephone (620) 353-0034
Mailing Address (Street, City, State, Zip Code) Box 735 Sublette KS 67877 () Same
AFFILIATED OR CONNECTED ORGANIZATIONS
Name
Mailing Address (Street, City, State, Zip Code)
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.
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 misdemean or."
(Date) (Signature of Chairperson)
Governmental Ethics Commission Rev.2000