## STATEMENT OF ORGANIZATION

## FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

		(See Reverse Side For	Instructions)	HECEIVELY	
	This is a (check one)	Party Committee	Political Action Cor	mmittee	
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COMMITTEE	<del></del>	(PLEASE TYPE O	R PRINT)		
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Mailing Addre	ess (Street, City, State,	Zip Code)	Business Tel	ephone	
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CHAIRPERSO	ON				
Name				Home Telephone	
Mike Howerter			(620)42	(020)421-9218	
Mailing Address (Street, City, State, Zip Code)  1353 25000 Rd. PARSALS 67357			Business Tel	Business Telephone	
<u> 1353</u>	25000 AC	1. PARSENS 6	1757 ( 470 ) 40	2 <del>7-2294</del>	
TREASURER		,			
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	(,),,	/Zip Code) <u>ベン・たち                                    </u>	Business Tel	ephone	
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(Date)	3	(9:10)	ure of Chairperson)	<del></del>	
(Date)		(Signat	ure of Chairperson)		
overnmental F	thics Commission			Rev 200	

Secretary of State 120 SW 10<sup>th</sup>. St Topeka, KS 66612

Dear Sirs,

Enclosed is the Affidavit of Exemption for the Labette County Republican Central Committee. Our treasurer, Everett Smith, passed away this year. I have not yet been able to recruit a new treasurer.

I am acting as the temporary treasurer until we find a replacement. If you have any questions, you may contact me. Please forward all mail to my address.

Yours truly,

Mike Howerter

Labette County Republican Chairman

620 421-9218

1353 25000 Rd

Parsons, KS 67357

STATEMENT OF ORGANIZATION FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES (See Reverse Side For Instructions) Party Committee This is a (check one) Political Action Committee Initial Statement Amended Statement This is an (check one) (PLEASE TYPE OR PRINT) **COMMITTEE** Name Mailing Address (Street, City, State, Zip Code)

Description of the Parameter of the Parame **CHAIRPERSON** Name Home Telephone Mike Howerter Mailing Address (Street, City, State, Zip Code) Business Telephone 2515 Main St. Parsons Ks. 67357 (620) 421-0260 TREASURER Name Home Telephone Everett A. Smith, Sc ( 620 ) 421-259b Mailing Address (Street, City, State, Zip Code) Business Telephone 23073 Wallace Rd Parsons, KS. 67357 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

"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."

9/8/10 (Date) Mike Howerter (Signature of Chairperson) Enul a. Smith Treasurer

Governmental Ethics Commission

Rev.2000