STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

	TITE TO
(See Reverse Side For Instructions)	FILED
This is a (check one) Party Committee Political Action Committee	
This is an (check one) Initial Statement Amended Statement	OCT 2 9 2 012
	KRIS W. KOBACH
COMMITTEE (PLEASE TYPE OR PRINT)	SECRETARY OF STATE
Name	
Meade County Republican Central Committee	
Mailing Address (Street, City, State, Zip Code) Business Telephone	
8199 Road X PlAINS, KS. 67869 (620) 563-77	<u>'39</u>
CHAIRPERSON	
Name Home Telephone	
SUSAN FOX (620)563-77.	39
Mailing Address (Street, City, State, Zip Code) Business Telephone	
8199 Road X Plains, KS. 67869 (620) 629-07	82
TREASURER	
Name 2 Home Telephone	
CARI Reimer (620) 338-08	165
Mailing Address (Street, City, State, Zip Code) 17070 Road 18 Medde, KS. 67864 Business Telephone (620) 338-0	865
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name	
KAnsas Republican Party	
Mailing Address (Street, City, State, Zip Code)	
P.O. Box 4157 TopeKA, KS. 66604	
,	
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	1
belief is true, correct and complete. I understand that the intentional failure to file this document intentionally filing a false document is a class A misdemeanor."	icht
Otoler 25, 2012 (Date) Quan Got (Signature of Chairperson)	- [
(Signature of Chairperson)	
Governmental Ethics Commission	Rev.2000

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)						FILED
	This is a (check one)	Party Committee		Political Action Committee]	
	This is an (check one)	Initial Statement		Amended Statement		AUG 2 9 2011
		(DI EASE TYPE (חמת מע	NIT)	_	KRIS W. KOBACH
COMMITTEE	<u> </u>	(PLEASE TYPE C	JK PKII	NI)	SE	CRETARY OF STATE
Name Med	ade County Re	epublican Cen	tral	Committee		
Mailing Addre	ss (Street, City, State			Business Telephone (620)563-77	39	
CHAIRPERSO	ON	·	• ,			
Name SUSA	N Fox			Home Telephone (620) 563 - 77	<i>'39</i>	
	ss (Street, City, State Rd., PlAins,			Business Telephone (620)563-77	<u>39</u>	
TREASURER	<u> </u>					
Name Cak	Reimer	· .		Home Telephone (620) 873 - 26	110	_ ·
Mailing Addre	ss (Street, City, State 18 Road M	e, Zip Code) Cade, KS. 67864	·	Business Telephone (620) 873-2	110	
AFFILIATED	OR CONNECTED (ORGANIZATIONS				
Name Kans	as Republica	n Party	.*			
Mailing Addre	ss (Street, City, State	e, Zip Code)				
P.O. 130	4157, Jope	ka, KS. 66604	· ·			
If not connected	or affiliated with an or	ganization, identify the t	rade, pr	ofession, or primary interes	st of th	ne contributors.
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SIGNATURE:		en examined by me and	l to the	best of my knowledge and	d	
belief is true, co	orrect and complete.	•	ntentior	nal failure to file this docu		
Aug. 26, 20 (Date)	//	<u> Sus</u> (Signa	an S	Chairperson)	· 	
Governmental E	thics Commission	· ,				Rev.2000

STATEMENT OF ORGANIZATION ICAL 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) **COMMITTEE** (PLEASE TYPE OR PRINT) Business Telephone **CHAIRPERSON** Home Telephone Business Telephone **TREASURER** Name Home Telephone 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."

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