STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

| | | (See Danema Side Ess I | | FIL | $\mathbf{E}\mathbf{D}$ |
|------------------|-------------------------|--|--|-------------------------|------------------------|
| | This is a (check one) | (See Reverse Side For I | Political Action Committee | DEC 0 | R 2012 |
| | This is an (check one) | Initial Statement | Amended Statement | | |
| | | ON EAST TOPE OR | DDD PEC | KRIS W. K SECRETARY | |
| COMMITTE | | (PLEASE TYPE OR | | | |
| Name M | IAMI COLLNI | Y REPUBLICAN | PARTY | | |
| Mailing Addre | ess (Street, City, Stat | e, Zip Code) <i>Lolots</i> 37, <i>LOCLISBURE</i> KS | Business Telephone (9/3) 731-0102 | 2_ | |
| CHAIRPERS | ON | | | | |
| Name /ERES | A REEVES | | Home Telephone (9/3) 837-4/ | 196 | |
| Mailing Addr | ess (Street, City, Stat | | Business Telephone (9/3) 73/-0/ | , , , , , , , , , , , , | |
| TREASURE | | tt // // \ | 4 | | |
| B. Rob | ROBERTS | ffective Declize | (915) 256-80 | 106 | |
| | ess (Street, City, Stat | e, Zip Code) A, K 5 le Co71 | Business Telephone () | | |
| AFFILIATED | OR CONNECTED | ORGANIZATIONS | | | |
| Name AN 8 | AS REPUBLIC | AN PARTY | | | |
| | ess (Street City Stat | , | 06604 | | |
| If not connected | / | | le, profession, or primary interest of | the contributors | |
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| SIGNATURE | - - | - | | | |
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| (Date) | | (Signatu | re of Chairperson) | | |
| Governmental | Ethics Commission | | | Rev.2000 | l |

943-291-3051 fax

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

| | | (See Reverse Side Fo | r Instructions) | FILED |
|---|--|-----------------------------------|---|-------------------------------------|
| | This is a (check one) | ✓ Party Committee | Political Action Committee | OCT 2 9 2012 |
| | This is an (check one) | Initial Statement | ✓ Amended Statement | _ |
| | | | | KRIS W. KOBACH SECRETARY OF STAT |
| COMMITTEE | <u> </u> | (PLEASE TYPE O | PR PRINT) | |
| Name Miami | i County Republican | Party | | |
| Mailing Address (Street, City, State, Zip Code) 906 S Doyle St, Louisburg, KS 66053 | | Business Telephone (913) 731-0102 | | |
| CHAIRPERSO | ON | | | · |
| Name Teres | a Reeves | | Home Telephone (913) 837-4196 | |
| | ess (Street, City, State e St, Louisburg, KS | | Business Telephone (913) 731-0102 | |
| TREASURER | <u> </u> | | | |
| Name | <u> </u> | | Home Telephone | |
| Mailing Addre | h Gregar ess (Street, City, State 299th St, Louisburg, | , Zip Code) | 913) 837-279 Business Telephone (913) 963-281 | |
| 10000 17 2 | - Louisburg, | 100000 | (010) 000 201 | <u> </u> |
| | OR CONNECTED C | PRGANIZATIONS | | |
| Name Kansa | as Republican Party | | | |
| _ | ess (Street, City, State 57, Topeka, KS 666 | • • | | |
| If not connected | or affiliated with an org | ganization, identify the t | rade, profession, or primary interes | t of the contributors. |
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| October 26, 2012 | | | | |
| (Date) | _ | (Signa | ture of Chairperson) | |
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OCT 1 5 2012

KRIS W. KOBACH SECRETARY OF STATE

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

| | J |
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| (See Reverse Side For Instructions) | FILED |
| This is a (check one) Party Committee Political Action Committee | 207 7 4 |
| This is an (check one) Initial Statement Amended Statement | OCT 5 1 2012 |
| | KRIS W. KOBACH |
| COMMITTEE (PLEASE TYPE OR PRINT) | SECRETARY OF STATE |
| Name MIAMI COUNTY REPLEBLICAN PARTY | |
| Mailing Address (Street, City, State, Zip Code) 66053 Business Telephone | |
| 10 704 0, DOVES, LOUISBURGKS 913 7131-010 | 2 |
| CHAIRPERSON | |
| Name Home Telephone (9/3) 837-419 | 76 |
| Mailing Address (Street, City, State, Zip Code) Business Telephone 906 5. Dolle St. Louistike KS 60055 (9/3) 751-010 | 02 (call) |
| TREASURER/Secretary | |
| Name CHARLENE WELSS Home Telephone (913) 849-36 | 619 |
| Mailing Address (Street, City, State, Zip Code) Business Telephone | 569 (cecs) |
| AFFILIATED OR CONNECTED ORGANIZATIONS | |
| Name KANSAS REPUBLICAN PARTY | |
| Mailing Address (Street, City, State, Zip Code) | .,, |
| TO BOX 4157 SOPEKA IS COLOCOT | - Aller |
| If not connected or affiliated with an organization, identify the trade, profession, or primary interest of t | he contributors. |
| SIGNATURE: | |
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| belief is true, correct and complete. I understand that the intentional failure to file this documen | t |
| or intentionally filing a false document is a class A misdemeanor." | 1 |
| 10/12/12 Thesa Renar | |
| (Date) (Signature of Chairperson) | · |
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| , | (See Reverse Side For Instructions) (check one) Party Committee Political Action Committee In (check one) Amended Statement (PLEASE TYPE OR PRINT) |
| Name Miami | County Republican Party |
| Mailing Address (Stree | et, City, State, Zip Code) 66 1 Doyle Louisburg K8 (913) 731-0102 |
| CHAIRPERSON | Home Telephone |
| Mailing Address (Stree | t, City, State, Zip Code) Louisburg, K\$ 66053 () |
| TREASURER Name . Ro | |
| Mailing Address (Street Langer) | Business Telephone 12014, KJ 64071 |
| | Republican Party |
| Mailing Address (Stree | it, City, State, Zip Code) 7 Tope Ka, KS 66604 |
| | ed with an organization, identify the trade, profession, or primary interest of the contributors |
| belief is true, correct an | ment has been examined by me and to the best of my knowledge and d complete. I understand that the intentional failure to file this document false document is a class A misdemeanor." |
| $\frac{\frac{10/3}{10}}{\text{(Date)}}$ | (Signature of Chairperson) |

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