

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

This is a (check one)	<input checked="" type="checkbox"/>	Party Committee	<input type="checkbox"/>	Political Action Committee
This is an (check one)	<input type="checkbox"/>	Initial Statement	<input type="checkbox"/>	Amended Statement

FILED
 OCT 23 2012
 KRIS W. KOBACH
 SECRETARY OF STATE

COMMITTEE (PLEASE TYPE OR PRINT)

Name	Rooks County Republican Central Committee		
Mailing Address (Street, City, State, Zip Code)	1090 30 RD		Business Telephone (785) 994-6278

CHAIRPERSON

Name	Jim Circle	Home Telephone (785) 994-6278
Mailing Address (Street, City, State, Zip Code)	1090 30 RD	Business Telephone Cell (785) 994-3278

TREASURER

Name	Kathy Lovelady	Home Telephone (785) 737-4349
Mailing Address (Street, City, State, Zip Code)	Box 243	Business Telephone (785) 737-4349

AFFILIATED OR CONNECTED ORGANIZATIONS

Name	State Republican Party
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."

Oct 22, 2012
(Date)

Jim Circle
(Signature of Chairperson)

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NOV 01 2010
SECRETARY OF STATE

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COMMITTEE (PLEASE TYPE OR PRINT)

Name	Rooks County Republican Central Committee	
Mailing Address (Street, City, State, Zip Code)	1090 30 Rd, Woodston KS	Business Telephone (785) 994-6278
	67675	

CHAIRPERSON

Name	Jim Caille	Home Telephone (785) 994-6278
Mailing Address (Street, City, State, Zip Code)	1090 30 Rd Woodston KS 67675	Business Telephone Cell (785) 994-3278

TREASURER

Name	Stephen Bigge	Home Telephone (785) 425-7337
Mailing Address (Street, City, State, Zip Code)	Box 202, Stockton KS	Business Telephone ()
	67669	

AFFILIATED OR CONNECTED ORGANIZATIONS

Name	
Mailing Address (Street, City, State, Zip Code)	

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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."

Oct 25, 2010
(Date)

Jim Caille
(Signature of Chairperson)