

OCT 19 2010

STATEMENT OF ORGANIZATION KS Governmental Ethics Commission

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

~~COMMITTEE~~ Chairperson (PLEASE TYPE OR PRINT)

Name <i>Kurt Fairchild</i>	
Mailing Address (Street, City, State, Zip Code) <i>459 NW 10th <del>Street</del> Avenue St. John, Ks. 67576</i>	Business Telephone <i>(620) 549-3860</i>

~~CHAIRPERSON~~ Committee

Name <i>Stafford County Republican Party</i>	
Mailing Address (Street, City, State, Zip Code) <i>459 NW 10th Avenue St. John, Ks. 67576</i>	Home Telephone <i>(620) 549-3860</i>
	Business Telephone ( )

TREASURER

Name <i>Kim Hullman</i>	
Mailing Address (Street, City, State, Zip Code) <i>111 Centennial Court St. John, Ks. 67576</i>	Home Telephone <i>(620) 549-3428</i>
	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."

10-13-2010  
(Date)

*Kurt Fairchild*  
(Signature of Chairperson)