| 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 KRIS W, KOBACH | |
| COMMITTEE (PLEASE TYPE OR PRINT) | |
| Name Smith County Republican Centra / Comittee | ļ |
| Mailing Address (Street, City, State, Zip Code)Business Telephone4/15Shelton Drive(785)282-3701 | |
| Smith Center, Kg. 66967 CHAIRPERSON | |
| Name Larry hambert (785)282:3701 | |
| Mailing Address (Street, City, State, Zip Code) HOG She How Dr. Smith Center, Kg (785) 282-6147 | |
| TREASURER 66967 | |
| Name Home Telephone NGNCY Shaffer (785)282-6107 | |
| Mailing Address (Street, City, State, Zip Code) Smith Center, Kg (20107 (185) 282 10755 15032 TRD, AFFILIATED OR CONNECTED ORGANIZATIONS | |
| Name None | |
| 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. Smith(ountflow)/flow) | |
| 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." $\frac{131 2012}{(Date)}$ (Signature of Chairperson) | |

Governmental Ethics Commission

-Rev.2000-

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| FORPOLIT | ICAL ACT | ION COMMITTE | EES AND PARTY COMMIT | TTEES |
| ar Art | | (See Reverse Side For | Instructions) | |
| This | s a (check one) | Party Committee | Political Action Committee | |
| This i | is an (check one) | Initial Statement | Amended Statement | |
| COMMITTEE | | (PLEASE TYPE O | R PRINT) | |
| Name Smi 44 | Count | y Republic | nn Central Comm. | itte o |
| Mailing Address (Str | | , Zip Code) | Business Telephone Center, K506967 785 | |
| CHAIRPERSON | · · · · · · · · · · · · · · · · · · · | | | |
| Name Larry | ham | hert | Home Telephone (795) 332370 | · / |
| Mailing Address (Str 405 Shelton | reet, City, State $D_{1} S_{in} + 4$ | e, Zip Code) Center, Kab | Business Telephone 6967 (785) 252 614 | (|
| TREASURER | | | | |
| Name | E.S | CITE MM | Home Telephone (785) 282-6 | 317 |
| | | | | |
| Mailing Address (Str | reet, City, State | Lip Court | Business Telephone | |
| | 2 <u>A</u> | m. Cm.Ks | 66967 735 282 5 | <u> 170</u> |
| Mailing Address (Str 2/55.C AFFILIATED OR C | ONNECTED (| Sm. C.D.KS | | 770 |
| Mailing Address (Str 2/85.C | ONNECTED (| Sm. C.D.KS | | <u>5170</u> |
| Mailing Address (Str 2/55.C AFFILIATED OR C | ONNECTED | DRGANIZATIONS | | <u> </u> |
| Mailing Address (Str 2/5 S · C AFFILIATED OR C Name // O Mailing Address (Str If not connected or affil | ONNECTED (| DRGANIZATIONS e, Zip Code) ganization, identify the t | | ne contribut |
| Mailing Address (Str <u>2/5</u> , <u>3</u> AFFILIATED OR C Name Name No If not connected or affil No CON | ONNECTED (| DRGANIZATIONS e, Zip Code) ganization, identify the t | rade, profession, or primary interest of th | ne contributo |
| Mailing Address (Str <u>LIF</u> , <u>C</u> AFFILIATED OR C Name Name No If not connected or affil <u>No</u> CON SIGNATURE: "I declare that this state belief is true, correct | ONNECTED O \mathcal{W} C \mathcal{W} C | DRGANIZATIONS e, Zip Code) ganization, identify the t | to the best of my knowledge and itentional failure to file this document | |
| Mailing Address (Str 2/5 S. C AFFILIATED OR C Name // O Mailing Address (Str If not connected or affil // O SIGNATURE: "I declare that this sta belief is true, correct | ONNECTED O \mathcal{W} \mathcal{C} reet, City, State iated with an or \mathcal{L} \mathcal{W} \mathcal{L} utement has been and complete. a false docum | CRGANIZATIONS DRGANIZATIONS e, Zip Code) ganization, identify the t the company of the table of t | to the best of my knowledge and itentional failure to file this document | |