NOV 1 5 2010 STATEMENT OF ORGANIZATION
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES
(See Reverse Side For Instructions)
This is a (check one) Party Committee Political Action Committee
This is an (check one) Initial Statement Amended Statement
<u> </u>
COMMITTEE (PLEASE TYPE OR PRINT)
Name Stanton Co. RePublican Com.
Mailing Address (Street, City, State, Zip Code)  7536  W  Rd 11-Marter, Ks ()
CHAIRPERSON
Name Home Telephone
Mary Lou Magins (820) 493-3745
Mailing Address (Street, City, State, Zip Code)  Business Telephone  75-36  W. R. J. Manter, K.S. ()
67862
TREASURER
Name Home Telephone (620) 492-1792
Mailing Address (Street, City, State, Zip Code)  Business Telephone  307 M. Main P.O. Box 754 ( )
Johnson, Ks, 67855 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."
10-25/10 May Low fraging
(Date) (Signature of Chairperson)

Governmental Ethics Commission

Rev.2000