

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 checked="" type="checkbox"/> Initial Statement | <input type="checkbox"/> Amended Statement |

FILED

JAN 25 2013

KRISTY KOBAK
SECRETARY OF STATE

COMMITTEE (PLEASE TYPE OR PRINT)

| | | |
|---|---|-----------------------------------|
| Name | TREGO County Republican Central Committee | |
| Mailing Address (Street, City, State, Zip Code) | 2806 L ROAD WAKARUSA, KS 67672 | Business Telephone (785) 743 6622 |

CHAIRPERSON

| | | |
|---|----------------------------|-----------------------------------|
| Name | Lois E Keller | Home Telephone (785) 726 4265 |
| Mailing Address (Street, City, State, Zip Code) | 37092 N RD ELLIS, KS 67637 | Business Telephone (785) 726 4265 |

TREASURER

| | | |
|---|---------------|-----------------------------------|
| Name | Evea M Rumpel | Home Telephone (785) 743 2773 |
| Mailing Address (Street, City, State, Zip Code) | | Business Telephone (785) 743 6622 |

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.

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."

1-15-2013
(Date)

Lois E Keller
(Signature of Chairperson)

Trego County Republican Committee

FILED
DEC 02 2010
SECRETARY OF STATE

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 |

COMMITTEE (PLEASE TYPE OR PRINT)

| | | |
|---|-------------------------------------|--|
| Name | Lois E Keller, Republican Committee | |
| Mailing Address (Street, City, State, Zip Code) | 37092 N Rd Ellis Ks 67637 | |
| Business Telephone | (785) 726 4268 | |

CHAIRPERSON

| | | | | |
|---|---------------------------|----------------|--------------------|----------|
| Name | Lois E Keller | Home Telephone | (785) 726 4265 | |
| Mailing Address (Street, City, State, Zip Code) | 37092 N Rd Ellis Ks 67637 | | Business Telephone | () same |

TREASURER

| | | | | |
|---|------------------------------|----------------|--------------------|----------------|
| Name | Evea M. Rumpel | Home Telephone | (785) 743 2773 | |
| Mailing Address (Street, City, State, Zip Code) | 28006 L Rd Wakeenaw Ks 67692 | | Business Telephone | (785) 743-6622 |

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."

11-23-2010
(Date)

Lois E. Keller
(Signature of Chairperson)