STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

				FILED
		See Reverse Side For		
	This is a (check one)	Party Committee	Political Action Committee	NOV 2 8 2012
	This is an (check one)	Initial Statement	Amended Statement	KRIS W. KOBACH
COMMITTEE	3	(PLEASE TYPE OR	P PRINT)	SECRETARY OF STATE
Name ,	. 1 0 1	(I LEASE I II E OF	0 1) 0	
Name Wig	chita Count	y Republic	an Centra Com	nittee.
Mailing Addre	ess (Street, City, State, 2 Ounty Road P	Zip Code) Leoti KS 6	Cell Business Telephone 186 (620) 8 14 – S	062
CHAIRPERSO	ON			
Name	ne Reimi	2	Home Telephone	_
Mailing Addre	ess (Street, City, State, 2	Zip Code) Leoti, KS. 6	Business Telephone 386 (620) 874-5	062
TREASURER		<u> </u>	····	
Name Pay	n Rickfor	d	Home Telephone (しょう) 375-し	1924
Mailing Addre	ess (Street, City, State, 596 Leoti	Zip Code) KS 6786	Cell Business Telephone (620)874-10	109
AFFILIATED	OR CONNECTED OF	RGANIZATIONS		,
Name				
Mailing Addre	ess (Street, City, State,	Zip Code)		
If not connected	or affiliated with an orga	nization, identify the tra	ade, profession, or primary interest of	of the contributors.
belief is true, co	this statement has been	understand that the int	to the best of my knowledge and tentional failure to file this docume canor."	ent
- 4 - (Date)	12	Signati	re ferme of Chairperson)	-
Governmental F	Ethics Commission			Rev.2000

RECEIVED STATEMENT OF ORGANIZATION DCT D8 ZUIU OLITICAL ACTION COMMITTEES AND PARTY COMMITTEES (See Reverse Side For Instructions) Party Committee Political Action Committee This is a (check one) Initial Statement Amended Statement This is an (check one) **COMMITTEE** (PLEASE TYPE OR PRINT) Name Mailing Address (Street, City, State, Zip Code) Business Telephone **CHAIRPERSON** Name Home Telephone (620)874Business Telephone Mailing Address (Street, City, State, Zip Code) Home Telephone Name (620) 375-2549 Mailing Address (Street, City, State, Zip Code) 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. Aoricu 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." (Signature of Chairperson)

Governmental Ethics Commission

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