

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

FILED
 OCT 24 2012
 KRIS W. KOBACH
 SECRETARY OF STATE

COMMITTEE (PLEASE TYPE OR PRINT)

Name
 WASHINGTON COUNTY REPUBLICAN CENTRAL COMMITTEE

Mailing Address (Street, City, State, Zip Code) Business Telephone
 P.O. BOX 182 HANOVER, KS 66945 ()

CHAIRPERSON

Name Home Telephone
 DEBRA SCHLABACH (785) 337-2639

Mailing Address (Street, City, State, Zip Code) Business Telephone
 311 N. EAST ST., P.O. BOX 182 HANOVER, KS 66945 ()

TREASURER

Name Home Telephone
 NORMA STAMM (785) 325-3112

Mailing Address (Street, City, State, Zip Code) Business Telephone
 214 N. D ST. WASHINGTON, KS 66968 ()

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."

10-17-12
(Date)

Debra Schlabach
(Signature of Chairperson)

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OCT 22 2010

SECRETARY OF STATE
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10-20-10
(Date)

Debra Schlach
(Signature of Chairperson)