STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)	LILED
This is a (check one) Party Committee Political Action Committee	NOV 0 2 2012
	NOV UZ ZUIZ
This is an (check one) Initial Statement Amended Statement	KRIS W. KOBACH
COMMITTEE (PLEASE TYPE OR PRINT)	SECRETARY OF STATE
Name Clark County Republican Committee Mailing Address (Street, City, State, Zip Code) Business Telephon Box 275 Ashland, Ks 67831 (620) 635	
Mailing Address (Street, City, State, Zip Code) Business Telephon	e
Box 275 Ashland, Ks 6783/ (620) 635	- 2753
CHAIRPERSON	
Name \ Home Telephone	
James M. Harden (620) 635-	2746
Mailing Address (Street, City, State, Zip Code) Business Telephon	e
1321 CR 29 Ashland Ks. 62831 ()	
TREASURER	
Name C/ Home Telephone	
Name Sherre Harrington Home Telephone (620) 635	-0176
Mailing Address (Street, City, State, Zip Code) Business Telephon Business Telephon Business Telephon Code Business Telephon Business Telephon Business Telephon Business Telephon Business Telephon Business Telep	e
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name Lansas Republican Party	
Mailing Address (Street, City, State, Zip Code)	
Walling 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 a	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."	
(Date) (Signature of Chairperson)	
(Date) (Signature of Chairperson)	
Governmental Ethics Commission	Rev.2000