

### 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 checked="" type="checkbox"/> Amended Statement

#### COMMITTEE (PLEASE TYPE OR PRINT)

Name <i>Haskell County Republican Party Central Committee</i>	
Mailing Address (Street, City, State, Zip Code) <i>P.O. Box 355, Sublette, Kansas 67877</i>	Business Telephone <i>(620) 675-2738</i>

#### CHAIRPERSON

Name <i>VALLAN LOWEN</i>	Home Telephone <i>(620) 675-2738</i>
Mailing Address (Street, City, State, Zip Code) <i>402 South Ellis, Sublette, 67877</i>	Business Telephone <i>(620) 575-6403</i>

#### TREASURER

Name <i>Tom Stoppel</i>	Home Telephone <i>(620) 675-8149</i>
Mailing Address (Street, City, State, Zip Code) <i>P.O. Box 592 Sublette Ks 67877</i>	Business Telephone <i>( )</i>

#### 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."

10-15-12  
(Date)

*V. Lowen*  
(Signature of Chairperson)