

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

RECEIVED

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

JUN 18 2013

COMMITTEE (PLEASE TYPE OR PRINT)

Name <i>Laborer County Republican Central Committee</i>	
Mailing Address (Street, City, State, Zip Code) <i>1353 25000 Rd. PARSONS, KS 67557</i>	Business Telephone <i>(620) 421-2798</i>

CHAIRPERSON

Name <i>Mike Howerter</i>	Home Telephone <i>(620) 421-9218</i>
Mailing Address (Street, City, State, Zip Code) <i>1353 25000 Rd. PARSONS, KS 67557</i>	Business Telephone <i>(620) 421-2798</i>

TREASURER

Name <i>Brenda Wainwright</i>	Home Telephone <i>(620) 421-9128</i>
Mailing Address (Street, City, State, Zip Code) <i>202 S. 29th PARSONS, KS 67757</i>	Business Telephone <i>( )</i>

AFFILIATED OR CONNECTED ORGANIZATIONS

Name <i>N/A</i>
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.

*N/A*

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."

*6/16/13*  
(Date)

*Mike Howerter*  
(Signature of Chairperson)