STATEMENT OF ORGANIZATION FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES (See Reverse Side For Instructions) (See Reverse Side For Instructions) (See Reverse Side For Instructions) (CT 10 2014 KRIS W KOBACH SECRETARY OF STATE COMMITTEE (PLEASE TYPE OR PRINT) Name MEADE COUNTY REPUBLICAN CENTRAL COMMITTEE Mailing Address (Street, City, State, Zip Code) PO BOX 142, MEADE, KS 67864 (620) 873-9968 Mailing Address (Street, City, State, Zip Code) Mame CALEB H. MAY (620) 873-9968 Mailing Address (Street, City, State, Zip Code) Mailing Address (Street, City, State, Zip Code) Mame CALEB H. MAY (620) 873-9968 Mailing Address (Street, City, State, Zip Code) Mailing Address (Street, City, State,
(See Reverse Side For Instructions) OCT 1 0 2014 This is a (check one) Party Committee Political Action Committee OCT 1 0 2014 This is an (check one) Initial Statement Amended Statement KRIS W. KOBACH SECRETARY OF STATE COMMITTEE (PLEASE TYPE OR PRINT) Name MEADE COUNTY REPUBLICAN CENTRAL COMMITTEE Mailing Address (Street, City, State, Zip Code) Business Telephone PO BOX 142, MEADE, KS 67864 (620) 873-9968 CHAIRPERSON Name Home Telephone CALEB H. MAY (620) 873-9968 Mailing Address (Street, City, State, Zip Code) Business Telephone Mailing Address (Street, City, State, Zip Code) Business Telephone
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PO BOX 142, MEADE, KS 67864 (620) 873-9968 CHAIRPERSON Home Telephone Name Home Telephone CALEB H. MAY (620) 873-9968 Mailing Address (Street, City, State, Zip Code) Business Telephone
NameHome Telephone (620) 873-9968Mailing Address (Street, City, State, Zip Code)Business Telephone
CALEB H. MAY (620) 873-9968 Mailing Address (Street, City, State, Zip Code) Business Telephone
TREASURER
NameHome TelephoneROSE M. LEE(620)646-5458
Mailing Address (Street, City, State, Zip Code)Business Telephone1161 25 RD, FOWLER KS, 67844()
AFFILIATED OR CONNECTED ORGANIZATIONS
Name KANSAS REPUBLICAN PARTY
Mailing Address (Street, City, State, Zip Code) PO BOX 4157, TOPEKA, KS 66604
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."
<u>10/6/2014</u> (Date) (Signature of Chairperson)
(Date) (Signature of Chairperson) Rev.2000

STATEMENT OF ORGANIZATION	
FOR POLITICAL ACTION COMMITTEES AND PARTY COMM	ITTEES
(See Reverse Side For Instructions)	FILED
This is a (check one) X Party Committee Political Action Committee	
This is an (check one) Initial Statement Amended Statement	OCT 2 9 2 012
COMMITTEE (PLEASE TYPE OR PRINT)	KRIS W. KOBACH SECRETARY OF STATE
Name D LL A L A	
Meade County Republican Central Committee	
Mailing Address (Street, City, State, Zip Code) 8199 Road X PLAINS, KS. 67869 (620) 563-77	39
LUTING A LITING INC. CONC. 365 /1	<u> </u>
CHAIRPERSON	
Name Home Telephone	
<u>SUSAN FOX</u> (620)563-773	9
Mailing Address (Street, City, State, Zip Code) 8199 Road X P(Ains, KS, 67869 (620) 629-078	2
TREASURER	
Name Home Telephone	~
CARI Keimer (620) 338-084	~5
Mailing Address (Street, City, State, Zip Code)Business Telephone17070Road 18Meade, KS, 67864(620) 338-08	65
	<u> </u>
AFFILIATED OR CONNECTED ORGANIZATIONS	·····-]]
Name Para Day 115. Devet	
Kansas Republican Party Mailing Address (Street, City, State, Zip Code)	
P.O. Box 4157 TopeKA, KS. 66604	
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of	f 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 docume or intentionally filing a false document is a class A misdemeanor."	лц
October 25, 2012Ausan Got(Date)(Signature of Chairperson)	
Governmental Ethics Commission	Rev.2000