## STATEMENT OF ORGANIZATION

FILED

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

| KRIS W. KOBACH  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| (See Reverse Side For Instructions)  SECRETARY OF STATE   |  |  |  |  |  |  |
| This is a (check one)   |  |  |  |  |  |  |
| This is an (check one) Initial Statement Amended Statement  |  |  |  |  |  |  |
| COMMITTEE (PLEASE TYPE OR PRINT)  |  |  |  |  |  |  |
| Name Rooks County Republican Central Committee  |  |  |  |  |  |  |
| Name Rooks County Ryublican Central Committee  Mailing Address (Street, City, State, Zip Code) Business Telephone 1090 30 Rd, Woodston, KS 67675 7857) 994 - 6278 |  |  |  |  |  |  |
| CHAIRPERSON   |  |  |  |  |  |  |
| Name Home Telephone (785) 994 - 6278  |  |  |  |  |  |  |
| Mailing Address (Street, City, State, Zip Code)  109030 Rd  Cell (785) 994-3278  Woodston, Ke 67675   |  |  |  |  |  |  |
| TREASURER   |  |  |  |  |  |  |
| Name  Home Telephone  (785) 839-4330  Mailing Address (Street, City, State, Zip Code)  Business Telephone   |  |  |  |  |  |  |
| Mailing Address (Street, City, State, Zip Code)  140 O Rd Damar, Ks 67632 (785) 839-8038-Cccc   |  |  |  |  |  |  |
| 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 contributor                                       |  |  |  |  |  |  |
| GIONIA TUDE.  |  |  |  |  |  |  |
| 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."   |  |  |  |  |  |  |
| May [2, 2014 (Signature of Chairperson)   |  |  |  |  |  |  |
| Governmental Ethics Commission Rev.200  |  |  |  |  |  |  |

## STATEMENT OF ORGANIZATION

| FUK PU  | ILITICAL ACTI                  | ION COMMITTI                | EES AINI           | JPAKII                    |                                      |  |
|---|--------------------------------|-----------------------------|--------------------|---------------------------|--------------------------------------|--|
| (See Reverse Side For Instructions)             |                                |                             |                    |                           | FILED                                |  |
|   | This is a (check one)          | ✓ Party Committee           | Polit              | tical Action Comm         | OCT <b>2 3</b> 2012                  |  |
|   | This is an (check one)         | Initial Statement           | Am                 | ended Statement           | *                                    |  |
|   |                                |                             |                    |                           | KRIS W. KOBACH<br>SECRETARY OF STATE |  |
| COMMITTEE (PLEASE TYPE OR PRINT)                |                                |                             |                    |                           |                                      |  |
| Name Rooks                                      | County Republicar              | n Central Committee         |                    |                           |                                      |  |
| Mailing Address (Street, City, State, Zip Code) |                                |                             | Business Telephone |                           |                                      |  |
| 1090 30 RD                                      |                                |                             | ( 7                | 785 <u>) 994</u>          | -6278                                |  |
| CHAIRPERSO                                      | ON                             |                             |                    |                           |                                      |  |
| Name<br>Jim Ci                                  | irolo                          |                             |                    | Home Telephon             |                                      |  |
| <del></del>                                     |                                |                             |                    | <del>/</del>              | -6278<br>                            |  |
| Mailing Addre<br>  1090 30 RD                   | ess (Street, City, State,<br>) | , Zip Code)                 |                    | Business Telep 785 ) 994  | hone<br>-3278                        |  |
|   |                                |                             |                    |                           |                                      |  |
| TREASURER                                       | ·                              |                             |                    | T.1                       |                                      |  |
| Name<br>Kathv                                   | Lovelady                       |                             | ,                  | Home Telephon<br>785 ) 73 | e<br>7-4349                          |  |
| Mailing Addre                                   | ess (Street, City, State,      | , Zip Code)                 | -                  | Business Telep            | hone                                 |  |
| Box 243   |                                |                             | (                  | 785 ) 73                  | 7-4349<br>                           |  |
| AFFILIATED                                      | OR CONNECTED O                 | ORGANIZATIONS               |                    |                           |                                      |  |
| Name State I                                    | Republican Party               |                             |                    |                           |                                      |  |
|   |                                | 7:n Codo)                   |                    |                           |                                      |  |
| Maning Addre                                    | ess (Street, City, State,      | , Zip Code)                 |                    |                           |                                      |  |
|   |                                |                             |                    |                           |                                      |  |
| If not connected of                             | or affiliated with an org      | ganization, identify the to | rade, profess      | ion, or primary           | interest of the contributor          |  |
|   |                                |                             |                    |                           |                                      |  |
| CICNIA TIDE.                                    |                                |                             |                    |                           |                                      |  |
| SIGNATURE: "I declare that t                    |                                | n examined by me and        | to the best        | of my knowled             | ge and                               |  |
|   |                                | I understand that the ir    |                    | •                         | •                                    |  |
|   |                                | ent is a class A misdem     |                    |                           |                                      |  |
| (Date) (Signature of Chairperson)               |                                |                             |                    |                           |                                      |  |
| (Date)  |                                | (Signa                      | ture of Chai       | irperson)                 | <del></del>                          |  |
| Governmental F                                  | Ethics Commission              | V                           |                    |                           | Rev.200                              |  |