| STATEMENT OF ORGANIZATION   |                                      |  |
|---|--------------------------------------|--|
| FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES  |                                      |  |
| (See Reverse Side For Instructions)   | FILED                                |  |
| This is a (check one)<br>This is an (check one) | NOV 21 2016                          |  |
| COMMITTEE (PLEASE TYPE OR PRINT)  | KRIS W. KOBACH<br>SECRETARY OF STATE |  |
| Name Clark County Republican Central Committee  |                                      |  |
| Mailing Address (Street, City, State, Zip Code)Business Telephone259 CR X P.O.Box 205 Englewood, KS 67840(620) 5392977  |                                      |  |
| CHAIRPERSON   |                                      |  |
| NameHome TelephoneJim Harden(620)   | 2746                                 |  |
| Mailing Address (Street, City, State, Zip Code)Business Telepho1321 CR 29 Ashland, KS 67831(620) 635(   |                                      |  |
| TREASURER   |                                      |  |
| NameHome TelephoneGloria A. McKinney(620) 539-  | -2977                                |  |
| Mailing Address (Street, City, State, Zip Code)Business Telepho259 CR X P.O.Box 205 Englewood, KS 67840(620)  | one<br>-2977                         |  |
| AFFILIATED OR CONNECTED ORGANIZATIONS   |                                      |  |
| Name<br>KANSAS REPUBLICAN PARTY   |                                      |  |
| Mailing Address (Street, City, State, Zip Code)<br>2605 SW 21st St. P.O.Box 4157 Topeka, Kansas 66604   |                                      |  |
| If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.   |                                      |  |
| Republican Party candidate support  |                                      |  |
| SIGNATURE:<br>"I declare that this statement has been examined by me and to the best of my knowledge<br>belief is true, correct and complete. I understand that the intentional failure to file this d<br>or intentionally filing a false document is a class A misdemeanor."   |                                      |  |
| 11-15-2016<br>(Date) (Date) (Signature of Chairperson)  |                                      |  |
| Governmental Ethics Commission  | Rev.2000                             |  |

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|---|-----------|--|
| STATEMENT OF ORGANIZATION   |           |  |
| FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES  |           |  |
| (See Reverse Side For Instructions)   | $\square$ |  |
| This is a (check one) Party Committee Political Action Committee NOV 0 2 2012   |           |  |
| This is an (check one) Initial Statement Amended Statement KRIS W. KOBACH   |           |  |
| COMMITTEE (PLEASE TYPE OR PRINT)  |           |  |
| Name  |           |  |
| Clark County Republican Committee   | {         |  |
| Mailing Address (Street, City, State, Žip Code)Business Telephone $B_{0\times}$ 2?5 Ashland, Ks 67831(620) 635-2753   |           |  |
| CHAIRPERSON   |           |  |
| Name James M. Harden Home Telephone (620) 635-2746  |           |  |
| Mailing Address (Street, City, State, Zip Code)Business Telephone1321CR 29Ashland Ks. 62831()   |           |  |
| TREASURER   |           |  |
| Name Sherre Harrington (620)635-0176  |           |  |
| Mailing Address (Street, City, State, Zip Code)Business TelephoneAox 275Ashland Ks. 6783()  |           |  |
| AFFILIATED OR CONNECTED ORGANIZATIONS   |           |  |
|   |           |  |
| Name Kansas Republican Party<br>Mailing Address (Street, City, State, Zip Code)   |           |  |
| 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<br>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   | <u> </u>  |  |