STATEMENT OF ORGANIZ	ATION
FOR POLITICAL ACTION COMMITTEES AN	D PARTY COMMITTEES
(See Reverse Side For Instructions)	
	nended Statement KRIS W. KOBACH
COMMITTEE (PLEASE TYPE OR PRINT)	SECRETARY OF STATE
Name Norton County Republican Committee	
Mailing Address (Street, City, State, Zip Code) (Business Telephone
CHAIRPERSON	
Name Adam Conkey (Home Telephone 785) 259 3923
Mailing Address (Street, City, State, Zip Code) 25838 2nd 5t Edmond 1<5 67645 (Business Telephone
TREASURER	
Name Bud Possen (Iome Telephone 785) 371 7174
Mailing Address (Street, City, State, Zip Code) 12590 S Boddy St Norton k5 67654 (Business Telephone)
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name Kansas State Republican Party	
Mailing Address (Street, City, State, Zip Code)	
If not connected or affiliated with an organization, identify the trade, profess	sion, or primary interest of the contributors.
SIGNATURE: "I declare that this statement has been examined by me and to the best belief is true, correct and complete. I understand that the intentional fa or intentionally filing a false document is a class A misdemeanor." <u>12/11/16</u> (Date) (Signature of Cha	ailure to file this document

Governmental Ethics Commission

Rev.2000

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		TEMENT OF OF		NOV 115 2010
FOR PO	DLITICAL ACT	ION COMMITTI	ees and party	COMMITTEES
		(See Reverse Side Fo	r Instructions)	
•	This is a (check one)	Party Committee	Political Action Co	mmittee
	This is an (check one)	Initial Statement	Amended Stateme	nt
COMMITTE	E	(PLEASE TYPE C	PR PRINT)	
Name NORTON	COUNTY R	EPUBLICAN C	ENTRAL COMMI	TTEE
-	ess (Street, City, State V 383 NO	· · ·	Business Te	lephone
CHAIRPERS	ON			
Name			Home Teleph	ione
	A C. WETTA			77-2544
	ess (Street, City, State <u>VY 383; NOR</u>		Business Te 54 ()	
TREASURE	<u> </u>			·
Name <i>JOE E</i>	. BALLINGE	R	Home Teleph (385)	one 877 - 5626
	ess (Street, City, State ME AUE NOR		Business Te	lephone
AFFILIATED	OR CONNECTED	ORGANIZATIONS	·	
Name				
	<u>KANSAS</u> STA ess (Street, City, State	ATE <u>REPUBLIC</u>	AN NARTY	
not connected	or affiliated with an or	rganization, identify the t	rade, profession, or prima	ary interest of the contributors
		· · · · · · · · · · · · · · · · · · ·		
SIGNATURE			,	
I declare that	this statement has be		l to the best of my know	
		I understand that the international sector is a class A misden	ntentional failure to file neanor."	this document
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(Date)	<u>COID</u>	<u>Signa</u>	ature of Chairperson)	

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