|  | — CTATEMENIT                   | OF ODC AND ATION                     |                                       |  |  |
|--|--------------------------------|--------------------------------------|---------------------------------------|--|--|
| RECEIVED   | STATEMENT                      | OF ORGANIZATION                      |                                       |  |  |
| FOR POLIFI   | CAL ACTION COM                 | IMITTEES AND PART                    | Y COMMITTEES                          |  |  |
| KRIS W. KOBACH<br>SECRETARY DE STA   | (See Revers                    | e Side For Instructions)             | RECEIVED                              |  |  |
| This is  | sa (check one) Party (         | Committee Political Action C         | MAR I 0 2017                          |  |  |
| This is  | s an (check one) Initial       | Statement Amended Statem             | test KRIS W. KOBACH                   |  |  |
| COMMITTEE  | (PLEASF                        | TYPE OR PRINT)                       | SECRETARY OF STATE                    |  |  |
| Name<br>Stantor  | County Real                    | blican Committ                       | PP                                    |  |  |
| Stanton County Republican Committee  Mailing Address (Street, City, State, Zip Code)  Business Telephone   |                                |                                      |                                       |  |  |
| Mailing Address (Street, City, State, Zip Code)  953 6 W Rd 11 Manter Ks 67862 620 49 3 - 3745   |                                |                                      |                                       |  |  |
| CHAIRPERSON  |                                | \$ 3                                 |                                       |  |  |
| Name Home Telephone (620) 493-3745   |                                |                                      |                                       |  |  |
| Mailing Address (Street, City, State, Zip Code)  Business Telephone  |                                |                                      |                                       |  |  |
| 7 5 36   | WRd 11 Ma                      | nten Ks 67862 )                      |                                       |  |  |
| TREASURER  |                                |                                      | · · · · · · · · · · · · · · · · · · · |  |  |
| Name Sharo   | n Nelson                       | Home Telep                           | hone<br>442-1792                      |  |  |
|  | eet, City, State, Zip Code)    | Business T<br>per Johnson Ks do      | elephone                              |  |  |
| P.O. Box 7   | 29 206 10 C                    | SOME SOMMER RS 10                    | 1835                                  |  |  |
|  | ONNECTED ORGANIZAT             | TONS                                 |                                       |  |  |
| Name   |                                |                                      |                                       |  |  |
| Mailing Address (Stre  | eet, City, State, Zip Code)    |                                      |                                       |  |  |
|  |                                | 11/1/4                               |                                       |  |  |
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| SIGNATURE:   |                                |                                      | -1-11                                 |  |  |
| "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 |                                |                                      |                                       |  |  |
| -  | a false document is a class a  |                                      |                                       |  |  |
| 3/2-17   |                                | Mary Low Higgin                      | re/                                   |  |  |
| (Date)   |                                | (Signature of Chairperson)           |                                       |  |  |
| Governmental Ethics C  | Commission                     |                                      | Rev.2000                              |  |  |

|                       | STAT                   | TEMENT OF OR                | GANIZATION  |                                      |
|-----------------------|------------------------|-----------------------------|---|--------------------------------------|
| FOR POLI              | TICAL ACTI             | ON COMMITTE                 | ES AND PARTY COM  | MITTEES                              |
| TORTOLI               | TICIES TICIL           |                             |   | FILED                                |
|                       |                        | (See Reverse Side For       | Instructions)   | 7                                    |
| Ti                    | his is a (check one)   | Party Committee             | Political Action Committee  | JAN 09 2017                          |
| T                     | his is an (check one)  | Initial Statement           | Amended Statement   | KRIS W. KOBACH<br>SECRETARY OF STATE |
| COMMITTEE             |                        | (PLEASE TYPE O              |   | SECRETATION                          |
| Name                  |                        | 0                           | 1   |                                      |
|                       |                        |                             | n Committee   |                                      |
| Mailing Address (     | Street, City, State,   | Zip Code)                   | Business Telephone (5 6 7 8 6 2 6 2 6 2 6 2 6 2 6 2 6 2 6 2 6 2 6 | -2745                                |
|                       | e co no                | , , , , , can to ,          | 100000 1000 110   |                                      |
| CHAIRPERSON           |                        |                             |   |                                      |
| Name                  | 1 - 5                  | 1                           | Home Telephone  | 72.15                                |
| Wany                  |                        | iggins                      | (620)493.   |                                      |
| Mailing Address (     | (Street, City, State,  | 11 Manter, Ks               | Business Telephone  | ,                                    |
| 100                   | 0 10 110               | 77 THEIR CHAIN              | V100A   |                                      |
| TREASURER             |                        |                             |   |                                      |
| Name Sha              | non Nel                | son                         | Home Telephone ( 1020) 443  | 2-1792                               |
| Mailing Address       | (Street, City, State   | , Zip Code)  10 N Looper    | Johnson Ks 2078.55  |                                      |
| AFFILIATED OF         | R CONNECTED C          | RGANIZATIONS                |   |                                      |
| Name                  |                        |                             |   |                                      |
| Mailing Address       | (Street, City, State   | , Zip Code)                 |   | ·                                    |
| If not connected or a | affiliated with an org | ganization, identify the to | ade, profession, or primary inter                                 | est of the contributors.             |
|                       |                        |                             |   |                                      |
| SIGNATURE:            |                        |                             |   |                                      |
|                       |                        |                             | to the best of my knowledge a                                     |                                      |
|                       |                        | ent is a class A misdem     | tentional failure to file this do eanor."                         | unen                                 |
| (Date)                |                        | (Signa                      | ture of Chairperson)  | _                                    |
| Governmental Ethi     | ics Commission         |                             |   | Rev.2000                             |

| NOV 1 5 2010 STATEMENT OF ORGANIZATION  |  |  |  |  |  |
|---|--|--|--|--|--|
| FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES  |  |  |  |  |  |
| (See Reverse Side For Instructions)   |  |  |  |  |  |
| This is a (check one) Party Committee Political Action Committee  |  |  |  |  |  |
| This is an (check one) Initial Statement Amended Statement  |  |  |  |  |  |
|   |  |  |  |  |  |
| COMMITTEE (PLEASE TYPE OR PRINT)  |  |  |  |  |  |
| Name Stanton Co. RePublican Com.  |  |  |  |  |  |
| Mailing Address (Street, City, State, Zip Code)  7536  Whater, Ks. (Business Telephone)                                       |  |  |  |  |  |
| CHAIRPERSON   |  |  |  |  |  |
| Name Home Telephone   |  |  |  |  |  |
| Mary Lou Magins (820) 493-3745  |  |  |  |  |  |
| Mailing Address (Street, City, State, Zip Code)  75-36  W. Rd II Manter KS. ()  Business Telephone                            |  |  |  |  |  |
| 67862   |  |  |  |  |  |
| TREASURER   |  |  |  |  |  |
| Name Home Telephone (620) 492-1792  |  |  |  |  |  |
| Mailing Address (Street, City, State, Zip Code)  Business Telephone  Business Telephone                                       |  |  |  |  |  |
| Johnson, Ks. 67855<br>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 contributors. |  |  |  |  |  |
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| 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."   |  |  |  |  |  |
| 10-25/10 Man Low Fraging  |  |  |  |  |  |
| (Date) (Signature of Chairperson)   |  |  |  |  |  |

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