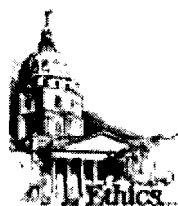


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**Campaign Finance
Statement of Organization
For Political Action Committees
And Party Committees**

Governmental Ethics Commission
109 W. 9th, Suite 504
Topeka, KS 66612
Phone (785) 296-4219
Fax (785) 296-2548
www.kansas.gov/ethics

This is a (Check one) ☒ **Party Committee** ☐ **PAC**

This is an (Check one) ☐ **Initial Appointment** ☒ **Amended Statement**

Committee Name: **Thomas County Republican Central Committee**

Address: **310 W 6th St.**

Address2:

City: **Colby** State: **KS** Zip: **67701**

Business Phone: **(785) 460-6548**

Email Address: **faber30@yahoo.com**

Chairperson Name: **Joshua Faber**

Address: **310 W. 6th St**

Address2:

City: **Colby** State: **KS** Zip: **67701**

Home Telephone: **(785) 460-6548** Business Phone:

Email Address: **faber30@yahoo.com**

Treasurer Name: **Mike Baughn**

Address: **310 Illinois Ave**

Address2: **P.O. Box 159**

City: **Brewster** State: **KS** Zip: **67732**

Home Telephone: Business Phone:

Email Address: **prairielawman@yahoo.com**

Affiliated or Name: **Kansas Republican Party**

Connected Address: **P.O. Box 4157**

Organizations Address2: **2605 SW 21st St.**

City: **Topeka** State: **KS** Zip: **66604**

If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

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.

Executed on:

Date: **8/4/2015 11:04:09 AM** Signature of Chairperson: **Joshua W. Faber**

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STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

FILED

NOV 05 2014

KRIS W. KOBACH
SECRETARY OF STATE

(See Reverse Side For Instructions)

This is a (check one)	<input checked="" type="checkbox"/> Party Committee	<input type="checkbox"/> Political Action Committee
This is an (check one)	<input checked="" type="checkbox"/> Initial Statement	<input type="checkbox"/> Amended Statement

COMMITTEE

(PLEASE TYPE OR PRINT)

Name	Thomas County Republican Central Committee		
Mailing Address (Street, City, State, Zip Code)	310 W 6th St. Colby, KS 67701	Business Telephone	(785) 460-6548

CHAIRPERSON

Name	Joshua W. Faber	Home Telephone	(785) 460-6548
Mailing Address (Street, City, State, Zip Code)	310 W 6th St. Colby, KS 67701	Business Telephone	()

TREASURER

Name	Mike Baughn	Home Telephone	(785) 694-2778
Mailing Address (Street, City, State, Zip Code)	P.O. Box 159 Brewster, KS 67732	Business Telephone	()

AFFILIATED OR CONNECTED ORGANIZATIONS

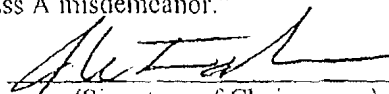
Name	
Mailing Address (Street, City, State, Zip Code)	

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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."

10/27/14
(Date)


(Signature of Chairperson)

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Email Address: **faber30@yahoo.com**

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Affiliated or Connected Organizations

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City: State: Zip:

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Executed on:

Date: **11/21/2012 10:20:54 AM** Signature of Chairperson: **Joshua W. Faber**

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Executed on:

Date: **11/21/2012 9:59:29 AM** Signature of Chairperson: **Joshua W. Faber**

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