## STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMI	TTEES				
(See Reverse Side For Instructions)	ECEIVED				
This is an (check one) Initial Statement Amended Statement Government	2015				
This is a (check one)  Party Committee  Political Action Committee  This is an (check one)  Initial Statement  Amended Statement  COMMITTEE  (PLEASE TYPE OR PRINT)	i Ethics Commission				
	**************************************				
Name Wichita County Republican Central Comm	ittee				
Mailing Address (Street, City, State, Zip Code)   Business Telephone   1294 W. County Road P Leoti, KS 1861 (620) 874-506:					
CHAIRPERSON					
Name Home Telephone (620)874-506	2				
Mailing Address (Street, City, State, Zip Code)  Business Telephone  1294 West County Road P Leoti K L1861 (620) 874-506	2				
TREASURER					
Name Rickford Home Telephone (620) 375-492	4				
Mailing Address (Street, City, State, Zip Code)  PO Box 596 6015. 35 Street Leot; KS 67861 (620) 375-492	,				
AFFILIATED OR CONNECTED ORGANIZATIONS					
Name Kansas Republican Partu					
Mailing Address (Street, City, State, Zip Code) PD Bey 4157 2605 SW 21st Street Topeka KS 6664					
10 DP1415   2000 SN SI OCI COC INDIANO, NO 0000					
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 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)  (Date)  (Signature of Chairperson)					
Governmental Ethics Commission	Rev.2000				

## STATEMENT OF ORGANIZATION

## FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

				FILED
		See Reverse Side For	<del></del>	
	This is a (check one)	Party Committee	Political Action Committee	NOV 2 8 2012
	This is an (check one)	Initial Statement	Amended Statement	KRIS W. KOBACH
COMMITTEE	3	(PLEASE TYPE OR	P PRINT)	SECRETARY OF STATE
Name ,	. 1 0 1	(I LEASE I II E OF	0 1 ) 0	
Name Wig	chita Count	y Republic	an Centra Com	nittee.
Mailing Addre	ess (Street, City, State, 2 Ounty Road P	Zip Code)   Leoti KS 6	Cell <del>Business</del> Telephone 186 (620) 8 14 – S	062
CHAIRPERSO	ON			
Name	ne Reimi	2	Home Telephone	_
Mailing Addre	ess (Street, City, State, 2	Zip Code) Leoti, KS. 6	Business Telephone 386   (620 ) 874-5	062
TREASURER		<u> </u>	····	
Name Pay	n Rickfor	-d	Home Telephone (しょう) 375-し	1924
Mailing Addre	ess (Street, City, State, 596 Leot)	Zip Code) KS_6786	Cell <del>Business</del> Telephone (620)874-10	109
AFFILIATED	OR CONNECTED OF	RGANIZATIONS		,
Name		<del></del>		
Mailing Addre	ess (Street, City, State,	Zip Code)		
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belief is true, co	this statement has been	understand that the int	to the best of my knowledge and tentional failure to file this docume canor."	ent
-   4 - (Date)	12	Signati	re ferme of Chairperson)	-
Governmental F	Ethics Commission			Rev.2000