AFFIDAVIT OF EXEMPTION FROM FILING RECEIPTS AND EXPENDITURES REPORTS BY A PARTY COMMITTEE OR POLITICAL ACTION COMMITTEE

IF YOUR COMMITTEE RECEIVED OR EXPENDED OR CONTRACTED TO EXPEND \$500 OR MORE IN CALENDAR YEAR 2017 OR IF YOUR COMMITTEE RECEIVED A CONTRIBUTION IN EXCESS OF \$50 FROM ANY ONE CONTRIBUTOR, THIS FORM MAY NOT BE USED.

Instructions: This form may be used by the treasurer of any party committee or political action committee which qualifies for the exemption.

THIS AFFIDAVIT MUST BE FILED WITH THE SECRETARY OF STATE (120 SW 10th, 1st Ploor Memorial Hall, TOPEKA, KANSAS 66612) PRIOR TO January 10, 2018. If a party or political action committee qualifies for this exemption, a Statement of Organization still must be filed and the treasurer must maintain the required records. (K.S.A. 25-4145)

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PLEASE PRINT OR TYPE
A. Name of Committee Gove County Republican Committee
A. Name of Committee Gove County Republican Committee Address 5025 Co. Rd. H City Gove zip Code 67736
Telephone 620-397-2509
B. Name of Treasurer Alberta Williams
Address 205 W 3rd City Park Zip Code 6775/
Home Telephone 785-673-4689 Business Telephone
C. Affidavit:
State of Kansas Goue) County of Goue
Republican Committee do swear (or affirm) that:
Republican Committee do swear (or affirm) that:
(Name of Party or Political Action Committee)
 The information in Items A and B above is true and correct; In the non-election year to which this affidavit applies, the above party or political action committee expended or contracted to expend, an aggregate amount or value of less than five hundred dollars (\$500); In the non-election year to which the affidavit applies, the above party or political action committee received contributions in an aggregate amount or value of less than five hundred dollars (\$500); In the non-election year to which this affidavit applies, the above party or political action committee received no contributions in an aggregate amount or value in excess of fifty dollars (\$50) from any one contributor.
1-8-18 Albertak Williams
(Date) (Signature of Treasurer)
Subscribed and sworn to (affirmed) before me this
CHERYL REMINGTON NOTARY PULBIC STATE OF MARIAGO (Notary Public)
My Appl. Eng. Sca.) 1/-/P-2=Z/
My Appointment Expires //-/8-2020 Rev. 2017