

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

FILED

(See Reverse Side For Instructions)

This is a (check one) Party Committee Political Action Committee
 This is an (check one) Initial Statement Amended Statement

NOV 23 2016

KRIS W KOEACH
SECRETARY OF STATE

COMMITTEE

(PLEASE TYPE OR PRINT)

Name

Barber County Republican Central Committee

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

116 Lisa Circle, Medicine Lodge, KS 67104 Business Telephone *(620) 886-3717*

CHAIRPERSON

Name

Melvin E. Thompson

Home Telephone

(620) 886-3717

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

116 Lisa Circle, Medicine Lodge, KS 67104 Business Telephone ()

TREASURER

Name

Carol Thompson

Home Telephone

(620) 886-3717

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

116 Lisa Circle, Medicine Lodge, KS 67104 Business Telephone ()

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.

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."

11-21-16
(Date)

Melvin E. Thompson
(Signature of Chairperson)