STATEMENT OF ORGANIZATION	
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES	
(See Deverse Side For Instructions)	
This is a (check one) Party Committee Political Action Committee STATE	
This is an (check one) Initial Statement Amended Statement	
COMMITTEE (PLEASE TYPE OR PRINT)	
Name	7
Meade County Republican Central Committee	
Mailing Address (Street, City, State, Zip Code) Business Telephone	
Mailing Address (Street, City, State, Zip Code) <u>8199 X Rd, PlAins, KS. 67869</u> (620) <u>563-7739</u>	
CHAIRPERSON	
Name Home Telephone	
SUSAN FOX (620) 563-7739	
Mailing Address (Street, City, State, Zip Code) Business Telephone	
8199 X Road, PLAins, RS-67869 (620)563-7739	
TREASURER	
Name Home Telephone Rose Lee (620) 646-5458	
Mailing Address (Street, City, State, Zip Code) Business Telephone	
1161 Road 25; FOWler, KS, 67844 (620)646-5458	
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name	
Kansas Republican Party Mailing Address (Street, City, State, Zip Code)	
P.O. Box 4157, TopeKa, KS, 66604	
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contribu	itors.
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) (Signature of Chairperson)	
Governmental Ethics Commission Rev.	2000