	— CTATEMENIT	OF ODC AND ATION	
RECEIVED	STATEMENT	OF ORGANIZATION	
FOR POLIFICAL ACTION COMMITTEES AND PARTY COMMITTEES			
KRIS W. KOBACH SECRETARY OF STA	(See Revers	e Side For Instructions)	RECEIVED
This is	sa (check one) Party (Committee Political Action C	MAR I 0 2017
This is	s an (check one) Initial	Statement Amended Statem	test KRIS W. KOBACH
COMMITTEE	(PLEASF	TYPE OR PRINT)	SECRETARY OF STATE
Name Stanton County Republican Committee			
Mailing Address (Street, City, State, Zip Code) Business Telephone			
Mailing Address (Street, City, State, Zip Code) 153 6 W Rd 11 Manter Ks 67869 620 49 3 - 3745			
CHAIRPERSON		\$ 3	
Name Home Telephone (620) 493-3745			
Mailing Address (Street, City, State, Zip Code) Business Telephone			
7536 W Rd 11 Manter Ks 67862)			
TREASURER			· · · · · · · · · · · · · · · · · · ·
Name Sharo	n Nelson	Home Telep	hone 442-1792
Mailing Address (Street, City, State, Zip Code) Business Telephone 1.0. Box 754 207 N Complet Johnson K5 167855			
P.O. Box 754 20% N Cooper Johnson Ks 107855			
AFFILIATED OR CONNECTED ORGANIZATIONS			
Name			
Mailing Address (Street, City, State, Zip Code)			
		11/1/4	
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.			
			<u> </u>
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,"			
3/2-17 May Fow Hagine			
(Date)		(Signature of Chairperson)	
Governmental Ethics C	Commission		Rev.2000