

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

This is a (check one)	<input checked="" type="checkbox"/> Party Committee	<input type="checkbox"/> Political Action Committee
This is an (check one)	<input type="checkbox"/> Initial Statement	<input type="checkbox"/> Amended Statement

FILED
NOV 25 2014
 KRIS W. KOBACH
 SECRETARY OF STATE

COMMITTEE (PLEASE TYPE OR PRINT)

Name *Hodgeman County Republican Central Committee*

Mailing Address (Street, City, State, Zip Code) *107 South Hwy St. Hanston, KS* Business Telephone *(620) 623-4295*

CHAIRPERSON

Name *Larry D. Salmans* Home Telephone *(620) 623-4295*

Mailing Address (Street, City, State, Zip Code) *104 South Hwy St. Hanston, KS, 67849* Business Telephone *()*

TREASURER

Name *Melody Vieux* Home Telephone *(620) 357-6434*

Mailing Address (Street, City, State, Zip Code) *31824 NW 210 Road* Business Telephone *()*
Setmore, Ks 67547

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 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."

18 Nov 2014
(Date)

Larry D. Salmans
(Signature of Chairperson)