STATEMENT OF ORGANIZATION

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Rev.2000

MMITTEES

KRIS W. KOBACH

SECRETARY OF STATE

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions) Party Committee Political Action Committee This is a (check one) **Initial Statement** Amended Statement This is an (check one) **COMMITTEE** (PLEASE TYPE OR PRINT) Name COUNTY KS REPUBLICAN CENTRIAL COMMITTEE JEFFERON Mailing Address (Street, City, State, Zip Code) **Business Telephone CHAIRPERSON** Home Telephone Name (765) 640-9327 Business Telephone Mailing Address (Street, City, State, Zip Code) **TREASURER** Home Telephone Name (785) 840-4401 Mailing Address (Street, City, State, Zip, Code) **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," (Signature of Chairperson)

Governmental Ethics Commission