RECEIVED STATEMENT OF ORGANIZATION	
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES	
(See Reverse Side For Instructions)	
This is a (check one) Party Committee F	Political Action Committee
This is an (check one) Initial Statement	Amended Statement
COMMITTEE (PLEASE TYPE OR PRINT	Γ)
Name Jewell County Republican Can	tral Countitée
Mailing Address (Street, City, State, Zip Code)	Business Telephone (785) 378 3212
tes 66956	
CHAIRPERSON	
Name Keith Roe	Home Telephone (785) 378 3408
Mailing Address (Street, City, State, Zip Code) PO Box 364 Mankato Kb 66956	Business Telephone
TREASURER Name	Home Telephone
Mary Reitor	(785) 378 3212
Mailing Address (Street, City, State, Zip Code) 2044 190 RD Mantato F5	Business Telephone (785) 378 3212
66956 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."	
9-20-16 (Cinatura of Chairmann)	
(Date) (Signature of Chairperson)	

Rev.2000

Governmental Ethics Commission