STATEMENT OF ORGANIZATION	RECEIVED
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMPTPEES	
(See Reverse Side For Instructions)	SCOTT SCHWAB SECRETARY OF STATE
This is a (check one) X Party Committee Political Action Commit	iee
This is an (check one) Initial Statement Amended Statement	
COMMITTEE (PLEASE TYPE OR PRINT)	
Name LAbette COUNTY RepublicAN PArty	
Mailing Address (Street, City, State, Zip Code) Business Teleph	
1353 25000 Rd- PANSONS, 65 67357 (620) 420	-2798
CHAIRPERSON	
Name Additional Home Telephone	2 2
Name Mike Howerter (620) 421.	
Mailing Address (Street, City, State, Zip Code) Business Teleph 1353 25000 Rd, Parsons, K5 67357 (620) 42	
$\Box (a) = (a) + (a) + (a) = (a) + (a) = (a)$	
TREASURER	
Name Jeff Ferguson Home Telephone (620) 978	-8911
Mailing Address (Street, City, State, Zip Code) Business Telephone	
2401 Broadway, PArsons, KS 67357 ()	
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name Kaussas Dag Ling Pakytu	
Mailing Address (Street, City, State, Zip Code)	
KANSAS Republican Party Mailing Address (Street, City, State, Zip Code) 800 S.W. JACKSON ST. Suite 7300, TOPEKA, KS 66612	
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.	
N//t	
SIGNATURE:	e end
"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