STATEMENT OF ORGANIZATION FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES (See Research Side For Instructions)	
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEE	TES
HOR TOTAL ACTION COMMITTEES AND TAKET COMMITTEE	LLU
(See Reverse Side For Instructions)	
This is a (check one)	
This is an (check one) Initial Statement Amended Statement	
COMMITTEE (PLEASE TYPE OR PRINT)	
Name (IBERBETTE OKTION)	
Meade County Republican Central Committee	
Meade County Republican Central Committee Mailing Address (Street, City, State, Zip Code) Business Telephone	
Mailing Address (Street, City, State, Zip Code) 8199 X Road, Plains, KS. 67869 (630) 563-7739	
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CHAIRPERSON Name Home Telephone	
Name Home Telephone $Susan Fox$ $(620)563-7739$	İ
Mailing Address (Street, City, State, Zip Code) 8199 X Road PLAins, KS. 67869 (620) 563-7739	1
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TREASURER	
Name Home Telephone	1
Brenda Cannon (620)635-6179	
Mailing Address (Street, City, State, Zip Code) Business Telephone	<u> </u>
24076 Road 25, Meade, KS 67864 (620) 635-6179	
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name	
Kansas Republican Party Mailing Address (Street, City, State, Zip Code)	
4.0. Box 4157, Inpeka, HS. 66604	
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the	ontributors.
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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."	
May are and	
(Date) Mount Soft (Signature of Chairperson)	
Governmental Ethics Commission	Rev.2000