| STATEMENT OF ORGANIZATION  |
|--|
| FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES<br>(See Reverse Side For Instructions)  |
|  |
| This is a (check one) Party Committee Political Action CommitsECT ETARY OF STATE   |
| This is an (check one) Initial Statement Amended Statement   |
| COMMITTEE (PLEASE TYPE OR PRINT)   |
| Name Rawlins County Republican Party   |
| Mailing Address (Street, City, State, Zip Code)Business Telephone15053 Hwy 25, Atwood KS. 67730(785)626-3967   |
| CHAIRPERSON  |
| Name Home Telephone  |
| John taker (Same   |
| Mailing Address (Street, City, State, Zip Code)<br>28948 Rond Breaster K5 67732 (785) 694 21/9   |
| TREASURER  |
| Name A Home Telephone  |
| Boger Supagrass (785)626 9660  |
| Mailing Address (Street, City, State, Zip Code) Business Telephone   |
| 15053 Huy 25 Alwood KS 67722 )   |
| 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<br>or intentionally filing a false document is a class A misdemeanor." |
| $r_{l-1}$  |
| $\frac{5/23/202}{\text{(Date)}}$   |
| Governmental Ethics Commission Rev.2000  |