

STATEMENT OF ORGANIZATION

POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

This is a (check one)	<input checked="" type="checkbox"/> Party Committee	<input type="checkbox"/> Political Action Committee
This is an (check one)	<input type="checkbox"/> Initial Statement	<input type="checkbox"/> Amended Statement

**FILED**  
**NOV 30 2005**  
**RON THORNEBURGH**  
**SECRETARY OF STATE**

**RECEIVED**  
**NOV 30 2005**  
 Kansas  
 State Capitol  
 1000 EAST  
 10th Street  
 Topeka, Kansas 66612

COMMITTEE (PLEASE TYPE OR PRINT)

Name Cherokee County Republican Party Central Committee

Mailing Address (Street, City, State, Zip Code) 66713 Business Telephone  
2205 Washington Ave, Baxter Springs, KS (620) 856-2211

CHAIRPERSON

Name Wayne Stith Home Telephone (620) 856-5522

Mailing Address (Street, City, State, Zip Code) 66713 Business Telephone  
2205 Washington Ave. Baxter Springs, KS (620) 856-2211

TREASURER

Name Scott Binns Home Telephone (620) 856-5010

Mailing Address (Street, City, State, Zip Code) Business Telephone  
8545 S.E. Boone Lane Rd (417) 782-3200  
Baxter Springs, KS. 66713

AFFILIATED OR CONNECTED ORGANIZATIONS

Name

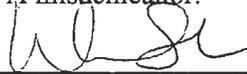
Mailing Address (Street, City, State, Zip Code)

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."

11-28-05  
(Date)

  
(Signature of Chairperson)