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**Campaign Finance  
Statement of Organization  
For Political Action Committees  
And Party Committees**

Governmental Ethics Commission  
901 S. Kansas Ave.  
Topeka, KS 66612  
Office (785) 296-4219  
Fax (785) 296-2548  
ethics.kansas.gov

This is a (Check one)  **Party Committee**  **PAC**

This is an (Check one)  **Initial Appointment**  **Amended Statement**

**Committee**

Name: **Marshall Co Central Republican Party**

Address: **1190 11th Rd.**

Address2:

City: **Marysville** State: **KS** Zip: **66508**

Business Phone: **(785) 562-4745**

Email Address: **montanacowgirl@att.net**

**Chairperson**

Name: **Beth Salmans**

Address: **1190 11th Rd**

Address2:

City: **Marysville** State: **KS** Zip: **65508**

Home Telephone: **(785) 562-9916** Business Phone: **(785) 556-5700**

Email Address: **montanacowgirl@att.net**

**Treasurer**

Name: **Lynn Stohs**

Address: **1408 N 13th Street**

Address2:

City: **Marysville** State: **KS** Zip: **66508**

Home Telephone: **(785) 562-2200** Business Phone:

Email Address: **lynncher@sbcglobal.net**

**Affiliated or  
Connected  
Organizations**

Name: **Kansas Republican Party**

Address: **P.O. Box 14004**

Address2:

City: **Lenexa** State: **KS** Zip: **66285**

If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

**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.**

Executed on:

Date: **7/30/2024 12:14:57 PM** Signature of Chairperson: **Beth Salmans**

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STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

RECEIVED

JUN 06 2023

KS GOVERNMENTAL ETHICS COMMISSION

(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 checked="" type="checkbox"/> Initial Statement	<input type="checkbox"/> Amended Statement

COMMITTEE (PLEASE TYPE OR PRINT)

Name	Marshall County Central Republican Committee	
Mailing Address (Street, City, State, Zip Code)	1190 11th Rd., Marysville, KS 66508	Business Telephone ( 785 ) 556-5700

CHAIRPERSON

Name	Beth Salmans	Home Telephone ( 785 ) 562-9916
Mailing Address (Street, City, State, Zip Code)	1190 11th Rd., Marysville, KS 66508	Business Telephone ( 785 ) 556-5700

TREASURER

Name	Lynn Stohs	Home Telephone ( 785 ) 562-2200
Mailing Address (Street, City, State, Zip Code)	509 S. 14th, Marysville, KS 66508	Business Telephone ( )

AFFILIATED OR CONNECTED ORGANIZATIONS

Name	Not that I am aware of.	
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. Volunteers

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."

11-21-22

(Date)

Beth Salmans

(Signature of Chairperson)