FOR PO			ES AND PARTY CO	FILED MMAY 152013 MMITTEES KRIBING TACKOEACH SESTERTATION OF TATATE
		(See Reverse Side For	Instructions)	_
	This is a (check one) This is an (check one)	Party Committee Initial Statement	Political Action CommitteeAmended Statement	2
COMMITTEE		(PLEASE TYPE OF	R PRINT)	
Name Olathe	Republican Centra	al Committee	_	
	ss (Street, City, State 46 St., Olathe, KS		Business Telephor (913) 909-00	
CHAIRPERSC	DN			
Name David	L. Lightner		Home Telephone (913) 897-22	244
Mailing Addres 11728 W. 14	ss (Street, City, State 16th St., Olathe, KS	, Zip Code) 66062	Business Telephor (913) 909-00	
TREASURER				
Name			Home Telephone	
Robyn	R. Essex		<u> (913) 764-8</u>	091
Mailing Addres 1137 E. Fro	ss (Street, City, State ontier Dr., Olathe, K	, Zip Code) S 66062	Business Telephor	1e
AFFILIATED	OR CONNECTED C	ORGANIZATIONS		
Name				
Mailing Addres	ss (Street, City, State	, Zip Code)		
If not connected o	or affiliated with an org	ganization, identify the tra	ade, profession, or primary inte	crest of the contributors.
belief is true, co or intentionally 05/11/20 (Date)	his statement has bee prrect and complete. filing a false docume (3	I understand that the intent is a class A misdeme	to the best of my knowledge tentional failure to file this do eanor."	ocument
Governmental E	thics Commission			Rev.2000

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STATEMENT OF ORGANIZATION	AUG 1 6 2
FOR POLITICAL ACTION COMMITTEES AND PARTY C	
(See Reverse Side For Instructions)	· .
This is a (check one)Party CommitteePolitical Action CommitThis is an (check one)Initial StatementAmended Statement	ttee
COMMITTEE (PLEASE TYPE OR PRINT)	
Name Olsine Republican Central Committee	·
Mailing Address (Street, City, State, Zip Code) Business Teleph 11728 W. 146 X. Olalue KS (913) 909	
CHAIRPERSON	
Name A / / Home Telephone	7-2244
Mailing Address (Street, City, State, Zip Code)Business Teleph $1/728$ 0.46 9.9 $1/728$ 0.9	ione
TREASURER	-
Name Home Telephone (913) 768	3 4187
Mailing Address (Street, City, State, Zip Code) 1503 W. 139 Test Oldue K. (816) 412	ione GOGC
لطح (محک) 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 in	nterest of the contributors
SIGNATURE: "I declare that this statement has been examined by me and to the best of my knowledg belief is true, correct and complete. I understand that the intentional failure to file this or intentionally filing a false document is a class A misdemeanor."	
(Date) (Signature of Chairperson)	
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