	FILED
STATEMENT OF ORGANIZATION	FEB <b>1 9</b> 2013
FOR POLITICAL ACTION COMMITTEES AND PARTY	KRIS W KOBACH COMMITTERSIE
(See Reverse Side For Instructions)	
This is a (check one) Party Committee Political Action Com This is an (check one) Initial Statement Amended Statemen	1
COMMITTEE (PLEASE TYPE OR PRINT)	
Name North West Johnson County Republican	
Mailing Address (Street, City, State, Zip Code)	ephone 02-115/
CHAIRPERSON	
Name O 0 100 Do 100 TO Home Telepho	one 12-5558
Mailing Address (Street, City, State, Zip Code) Woodle Business Tele	
TREASURER	
Name Diane Macheus Home Telepho	one 122-8102
Mailing Address (Street, City, State, Zip Code)  21704 W. 57 Terrule Shunle K8 (6218 (913)) 4	ephone 85-6571
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 primar Supply ting Conservative Canali dates, and	
Within Northwest Johnson County	
SIGNATURE:	
"I declare that this statement has been examined by me and to the best of my knowl	
belief is true, correct and complete. I understand that the intentional failure to file to or intentionally filing a false document is a class A misdemeanor."	nis document
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(Date) (Signature of Chairperson)	<u>/</u>

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## STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

		(See Reverse Side F	Cor Instruct	ions)	$\int \overline{F}$	$\overline{H_{FD}}$
Thi	s is a (check one)	Party Committe		olitical Action Com	miltee 1	$\sim U$
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	s is an (check one)	Initial Statemen	n 🔽 2	Amended Statement		
COMMITTEE	, · .	(PLEASE TYPE	OR PRINT	Γ)	SECRETAR	KOBACH Y OF STATE
Name Northwest	Johnson County	/ Republicans		· .		
Mailing Address (S PO Box 861121;				Business Tele	phone 5-3843	
CHAIRPERSON						
Name Mike Pirne	er	·		Home Telephon (913 ) 226	ne 6-3843	
Mailing Address (S 10229 Millstone	Street, City, State, Drive, #3102; Le	Zip Code) enexa, KS 66220		Business Tele ( 913 ) 226	phone 6-3843	.:
TREASURER	ż	· .		·		
Name Audrey Sn	yder	-		Home Telephon (913) 63	ne 34-9554	
Mailing Address (S	-	Zip Code) KS 66204	٠	Business Tele	phone	
AFFILIATED OR	CONNECTED O	RGANIZATIONS				
Name	·	KG/INIZ/ITIONS				
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Mailing Address (S	Street, City, State,	Zip Code)			•	
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If not connected or aff						e contributors.
Supporting conse	· · ·	tes and causes wi	unin Norun	west Johnson	County.	
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## STATEMENT OF ORGANIZATION

## FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

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		(See Reverse Side For I	nstructions)	FI
	This is a (check one)	Party Committee	Political Action Comm	ttee
	This is an (check one)	Initial Statement	Amended Statement	VUN 20 2012
COMMITTEE		(PLEASE TYPE OR	PRINT)	SECRETARY OF STATE
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	ess (Street, City, State,			NONe.
1022	9 Millstone J	1- A11102	Business Teleph ( $\mathcal{C}(3)$ 22	2-3877
CHAIRPERSO	tailes 662	20	-	
	chael F	ine	Home Telephone	
	ss (Street, City, State,		Business Teleph 66226 )	one
TREASURER	· .	<u> </u>	·	
Name A	drushyde	<u> </u>	Home Telephone (913)63	4-9554
	ss (Street, City, State, Ebn Ave #20		Business Teleph	ione
	OR CONNECTED O	'Q	6704	
Name	OR CONNECTED OF	KOANIZATIONS		
Mailing Addre	ss (Street, City, State,	Zip Code)		
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If not connected	or affiliated with an orga	mization, identify the trac	le, profession, or primary in	nterest of the contributors.
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(Date)		Signatu	re of Chairperson)	
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## STATEMENT OF ORGANIZATION

RON THORNSURGH STATE SECURITIES FOR POLITICAL ACTION COMMITTEES	
(See Reverse Side For Inst	ructions)
This is a (check one)	Political Action Committee  Amended Statement
COMMITTEE (PLEASE TYPE OR PR	UNT)
Name Northwest Johnson County Republicans	
Mailing Address (Street, City, State, Zip Code) 10229 Millstone Dr., #3102; Lenexa, KS 66220	Business Telephone ( 913 ) 226-3843
CHAIRPERSON	
Name Mike Pirner	Home Telephone ( 913 ) 226-3843
Mailing Address (Street, City, State, Zip Code) 10229 Millstone Dr, #3102; Lenexa, KS 66220	Business Telephone ( 913 ) 226-3843
TREASURER	
Name Sheila Wodtke	Home Telephone ( 913 ) 262-8351
Mailing Address (Street, City, State, Zip Code) 18581 West 66th Terr.; Shawnee, KS 66218	Business Telephone
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name	
Mailing Address (Street, City, State, Zip Code)	
f not connected or affiliated with an organization, identify the trade, p	profession, or primary interest of the contributors.
SIGNATURE:  'I declare that this statement has been examined by me and to the pelief is true, correct and complete. I understand that the intention intentionally filing a false document is a class A misdemeanor [15]09  (Date)  (Signature of the period of	onal failure to file this document

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