STATEMENT OF ORGANIZATION

| STATEMENT OF ORGANIZATION |
|---|
| FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES |
| (See Reverse Side For Instructions) |
| This is a (check one) Party Committee Political Action Committee JUN 1 6 2008 |
| This is an (check one) Initial Statement Amended Statement RON THORNBURG |
| SECRETARY OF ST. |
| COMMITTEE (PLEASE TYPE OR PRINT) |
| Name Butter Co Republican Party Central Committee |
| Name Butter Co. Republican Party Central Committee Mailing Address (Street, City, State, Zip Code) Business Telephone Clo Hel Eunice St., El Dorado, KS 67042 (316) 321-4679 |
| (10 Tel Eunice St., El Dorado, KS 67042 (316) 321-6679 |
| CHAIRPERSON |
| Name Home Telephone |
| Scott Stockopt (316) 321-16679 Mailing Address (Street City State 7in Code) Rusiness Telephone |
| Mailing Address (Street, City, State, Zip Code) Business Telephone Let Eurice St., El Dovado, KS 67042 () |
| TREASURER |
| Name Home Telephone |
| Elizabeth "Liz" Schwindt (316)799-2733 |
| Mailing Address (Street, City, State, Zip Code) Business Telephone 11844 NW Meadawlark, Whitewater KS Letts4 () |
| |
| AFFILIATED OR CONNECTED ORGANIZATIONS |
| Name Republican Party of Kansas |
| Mailing Address (Street, City, State, Zip Code) 2025 SW Gage Blud, Topeka KS 66604 |
| 2025 SW Gage Blud, Topeka RS Woldory |
| If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributor |
| |
| |
| 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." |
| (Date) (Signature of Chairperson) |
| Governmental Ethics Commission Rev. 200 |

| FILE OF ORGANIZATION | 1 |
|---|-------|
| 2000 STATEMENT OF ORGANIZATION | |
| FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES | [5*** |
| FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES | |
| (See Reverse Side For Instructions) | |
| This is a (check one) Party Committee Political Action Committee | |
| This is an (check one) Initial Statement Amended Statement | |
| COMMITTEE (PLEASE TYPE OR PRINT) | |
| Name (PLEASE 14 PE OR PRINT) | |
| BUTLER CO. REPUBLICAN PARTY CENTRAL COMMITTEE | |
| Mailing Address (Street, City, State, Zip Code) Business Telephone Clo 12799 Sw 9212 Terrace, Andover KS 67002 (316) 733-2600 | |
| CHAIRPERSON | |
| Name DEBBIE LUPER (316) 733-2600 | |
| Mailing Address (Street, City, State, Zip Code) Business Telephone 12799 Sw 92nd Terrace Andover KS 670021 | |
| TREASURER | |
| Name (Elizabeth) Home Telephone | |
| Liz Schwindt (314)799-2733 | |
| Mailing Address (Street, City, State, Zip Code) LETIST Business Telephone 11844 NW Meadowlark, Whitewater, HS () | |
| AFFILIATED OR CONNECTED ORGANIZATIONS | |
| Name REPUBLICAN PARTY OF KANSAS | |
| Mailing Address (Street, City, State, Zip Code) | 7 |
| 2025 SN Gage Blvd, Topcka, KS lable 04 | |
| If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributo | ors. |
| | |
| | |
| 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 Amisdemeanor." | |
| (Date) (Signature of Chairperson) | |
| Governmental Ethics Commission Rev. 200 | |

•

Part of Parties