(See Deverse Side F	Cor Instructiona)	
(See Reverse Side F This is a (check one) <b>V</b> Party Committe		
This is an (check one) Initial Statemer		
COMMITTEE (PLEASE TYPE)   Name Commercial		
Comanche County Republican Central Com	mittee	
Mailing Address (Street, City, State, Zip Code) 1318 Avenue T, Coldwater, KS 67029	Business Telephone (620) 635-5844	
13 to Avenue 1, Coldwater, KS 67029	(620) 635-5844	
CHAIRPERSON		
Name Kyle D. Hoffman	Home Telephone ( 620 ) 582-2217	
Mailing Address (Street, City, State, Zip Code)	Business Telephone	
1318 Avenue T, Coldwater, KS 67029	(620) 635-5844	
TREASURER		
Name	Home Telephone (620) 582-2205	
John Lehman Mailing Address (Street, City, State, Zip Code)	Business Telephone	
P.O. Box 52, Coldwater, KS 67029	(620) 635-5733	
AFFILIATED OR CONNECTED ORGANIZATIONS		
Name Kansas Republican Party		
Mailing Address (Street, City, State, Zip Code)		
2025 SW Gage Blvd, Topeka, KS 66604		
If not connected or affiliated with an organization, identify the	trade profession or primer interact of the east	
	- uade, profession, of primary interest of the cont	
SIGNATURE:		
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0 5 2006	STATEMENT OF OR	GANIZATION	
-NICY THE	ACTION COMMITTE	EES AND PARTY COM	MITTEES
	(See Reverse Side For		<b>5</b> 0 0 1 2006
This is a (check This is an (check	_	Political Action Committee Governm Amended Statement 109 V	ettal Ethios o
COMMITTEE	(PLEASE TYPE O	R PRINT)	
Name Comanche	County Repub	lican Party	
Mailing Address (Street, City, P. O. BOX 173,	State, Zip Code) Protection, KS 671	Business Telephone	4141
CHAIRPERSON			
Name ANDREW E	VANS	Home Telephone $(620)$ $622-2$	4141
Mailing Address (Street, City, P.O. BOX 173, Prod	State, Zip Code) lection, KS 67127	Business Telephone (620)622-4/	
TREASURER			
Name Gayla Kiss	e/	Home Telephone (620)622-3	676
Mailing Address (Street, City, ROUTE 1, BOX 46	State, Zip Code)	Business Telephone	2166
AFFILIATED OR CONNECT	ED ORGANIZATIONS		
Name			
Mailing Address (Street, City,	State, Zip Code)		
If not connected or affiliated with	an organization, identify the tra	ade, profession, or primary intere	st of the contribu
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"I declare that this statement ha	-		
belief is true, correct and compl or intentionally filing a false do			ument
<u>11/21/06</u> (Date)	(Signati	hew Elum	
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