STATEMENT OF ORGANIZATION
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES
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 Republican Central Committee Decatus
Mailing Address (Street, City, State, Zip Code) 1000 W Frongier Pkwy Ober M ()
CHAIRPERSON
Name Marilyn Horn Home Telephone (785) 475-2626
Mailing Address (Street, City, State, Zip Code) 1000 W Frontier PLWY Obertin (195)475-8/02
/ 67749-2239 TREASURER
Name Stephen F. Horn Home Telephone (785)475-2626
Mailing Address (Street, City, State, Zip Code) 1000 W Frohmer PEWY Oberty () Business Telephone
AFFILIATED OR CONNECTED ORGANIZATIONS
Name Decator County Republican Party 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.
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." $\frac{S/26/07}{(Date)}$ (Signature of Chairperson)
Governmental Ethics Commission Rev.2000

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FILEP OCT 27 2006 STATEMENT OF ORGANIZATION RECEIVE FOR POLIFICAL 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 Republican Committee for Decatur County
Mailing Address (Street, City, State, Zip Code) 808 N Griffith Ave Oberlin 67749 ()
CHAIRPERSON
Name Kenneth Morgan Home Telephone (785) 475-2022
Mailing Address (Street, City, State, Zip Code) 808 N Briffthh Ave Ober M, KS 67749()
TREASURER
Name Stephen Horn ()
Mailing Address (Street, City, State, Zip Code) 1000 W Frontier PKwy Oberlin, K367747)
AFFILIATED OR CONNECTED ORGANIZATIONS
Name Rebulbican Party
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.
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." $\frac{P-i5-O6}{(Date)}$ (Signature of Chairperson)

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