STATEMENT OF ORGANIZATION TICAL ACTION COMMITTEES AND PARTY COMMITTEES

MATARY		(See Reverse Side For	r Instructions)		
RETART	This is a (check one)	X Party Committee	Political Acti	on Committee	
	This is an (check one)	X Initial Statement	Amended St	atement	
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COMMITTE	<u>E</u>	(PLEASE TYPE O	R PRINT)		
Name	Dickinson Count	cy Republican (Central Comm	ittee	
Mailing Addr 853 1	ress (Street, City, State, 300 Ave. Abiler	Zip Code) ne, KS 67410	Busines (785	ss Telephone) 479-2276	
CHAIRPERS	SON	· _		27.1	
Name	Anita I. Bogart		Home Te (785	elephone) 479-2276	
Mailing Addr 853 1	ess (Street, City, State, 300 Ave. Abiler	Zip Code) ne,KS 67410		s Telephone)479-2276	
TREASURE	R		\$.		:
Name I	Harriet Zernick	COW	Home Te	elephone) 263-1433	
-	ess (Street, City, State, Mulberry Apt.	-		s Telephone 5) 263-1433	
AFFILIATED	OR CONNECTED O	RGANIZATIONS			
Name		-			
Mailing Addre	ess (Street, City, State,	Zip Code)		· · · · · · · · · · · · · · · · · · ·	. ;
f not connected	or affiliated with an orga	anization, identify the tr	ade, profession, or p	rimary interest of th	e contributor
SIGNATURE				: : :	:
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(Date)	1-08	(Signat	ure of Chairperson	rogart	
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STATEMENT OF ORGANIZATION

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FOR POLITICAL ACTION COMMITTEES AND PARTY COMMIT	TEES						
(See Reverse Side For Instructions)							
This is a (check one) X Party Committee Political Action Committee	10 1: 203						
This is an (check one) X Initial Statement Amended Statement	nertal Ethica Cons West of the						
COMMITTEE (PLEASE TYPE OR PRINT)	EKA KANSAD PE						
Name Dickinson County Republican Central Committee							
Mailing Address (Street, City, State, Zip Code) 853 1300 Ave. Abilene, KS 67410 Business Telephone (785) 479-2276							
CHAIRPERSON							
Name Anita I. Bogart Home Telephone (785) 479-2276							
Mailing Address (Street, City, State, Zip Code) 853 1300 Ave. Abilene, KS 67410 Business Telephone (785) 479-2276							
TREASURER							
Name Home Telephone (785) 949-2299							
Mailing Address (Street, City, State, Zip Code) 444 Jeep Road Hope, KS 67451 Business Telephone (785) 949-2204							
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 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." 1 - 20 - 00	· ·						
Governmental Ethics Commission	Rev.2000						