FAX NO. : 6205836222

STATEMENT OF ORGANIZATION OLITICAL ACTION COMMITTEES AND PARTY COMMITTEES (See Reverse Side For Instructions) Party Committee This is a (check one) Political Action Committee Initial Statement This is an (check onc) Amended Statement COMMITTEE (PLEASE TYPE OR PRINT) Name Mailing Address (Street, City, State, Zip Code) Business Telepho ie CHAIRPERSON Home Telephone Name. (1,20) 437-2194 Mailing Address (Street, City, State, Zip Code) Business Telephone 3661 W 50 Rd, MADISON KS 668 600 TREASURER Home Telephone Name (1,20)583-7412 Mailing Address (Street, City, State, Zip Code) AFFILIATED OR CONNECTED ORGANIZATIONS Name Mailing Address (Street, City, State, Zip Code) GAGE Blud TODEKH 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 und

"I declare that this statement has been examined by me and to the best of my knowledge und belief is true, correct and complete. I understand that the intentional failure to file this decument or intentionally filing a false document is a class A misdemeanor."

 $\frac{1/-15-08}{\text{(Date)}}$

(Signature of Chairperson)

Governmental Ethics Commission

Rev.2000

. RECEIVED

SEP 2 0 2006

SEP 2 2 ZUUG	STATEMENT OF O	RGANIZATION	Governmental Ethics Commiss 109 WEST 9TH STREET
RON THORNBURG	TE ICAL ACTION COMMITT	EES AND PARTY	TOPEKA, KANSAS ESSIN
(See Reverse Side For Instructions)			
i	is a (check one) Party Committee		nittee
This i	is an (check one) Initial Statement	Amended Statement	
COMMITTEE	(PLEASE TYPE (OR PRINT)	
Name GREEN	wood County Repu	blican Central	Committee
	reet, City, State, Zip Code)	Duginaga Talan	phone 83-5923
CHAIRPERSON		67045	
Name / Faa /a	1 6.44	Home Telephon	re 18-5923
VERIVO	N OUHN		
Mailing Address (Str.	eet, City, State, Zip Code)	Business Telep	onone Im E
TREASURER			
Name Phil 1	EVANS	Home Telephon (620)58	
Mailing Address (Str.	eet, City, State, Zip Code)	Business Telep	hone f 3-74/2
AFFILIATED OR CO	ONNECTED ORGANIZATIONS		
Name Kans	as Republican F	arti	
Mailing Address (Stro	eet, City, State, Zip Code)	/	
2025 JW	GAGE BLUD, T	OPERA KJ 46	604-9969
If not connected or affili	ated 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 middemeanor."			
9-6-06 (Date)	(Signal	ature of Chairperson)	
(~~)	(~8	,	

Governmental Ethics Commission

Rev.2000