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This is a (check one) Party Committee Pglitical Action Committee This is a (check one) Initial Statement Amended Statement COMMITTEE (PLEASE TYPE OR PRINT) Name Context Republican Certifial CMAE Mailing Address (Street, City, State, Zip Code) $\mathcal{L}_{4}/\mathcal{S}\mathcal{L}$ Business Telephone $\mathcal{L}(A, D, D, \mathcal{L}, A, D, \mathcal{L}, PO EOV TL, Holton (\mathcal{T}\mathcal{S}\mathcal{L}) \mathcal{S}\mathcal{L}\mathcal{L}^{-3}\mathcal{L}\mathcal{L} Mailing Address (Street, City, State, Zip Code) Business Telephone \mathcal{L}(\mathcal{L}, \mathcal{S}\mathcal{L}) Mailing Address (Street, City, State, Zip Code) Business Telephone \mathcal{L}\mathcal{L}\mathcal{L}^{-3}\mathcal{L}\mathcal{L} Mailing Address (Street, City, State, Zip Code) Business Telephone \mathcal{L}\mathcal{L}\mathcal{L}\mathcal{L}^{-3}\mathcal{L}\mathcal{L} Name Home Telephone (\mathcal{T}\mathcal{S}\mathcal{L}) - \mathcal{J}\mathcal{L}\mathcal{L} - \mathcal{J}\mathcal{L}\mathcal{L} \mathcal{L}\mathcal{L}\mathcal{L}^{-3}\mathcal{L}\mathcal{L} Name Business Telephone (\mathcal{L}\mathcal{L}\mathcal{L}) - \mathcal{L}\mathcal{L}\mathcal{L} \mathcal{L}\mathcal{L}\mathcal{L} - \mathcal{L}\mathcal{L}\mathcal{L} \mathcal{L}\mathcal{L}\mathcal{L}\mathcal{L} - \mathcal{L}\mathcal{L}\mathcal{L} \mathcal{L}\mathcal{L}\mathcal{L} - \mathcal{L}\mathcal{L} - \mathcal{L}\mathcal{L}\mathcal{L} - \mathcal{L}\mathcal{L} - \mathcal{L} - \mathcal{L} - \mathcal{L}\mathcal{L} - \mathcal{L} - L$	JUN 1 RONFOR	POLITICAL ACTION COMMITTEES AND PARTY COMMITT	EES			
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Sackson County Republican Central Conte Mailing Address (Street, City, State, Zip Code) 664426 Business Telephone 421 Naw Yatk Add, POEDY TL, Holton 785 $364-3131$ CHAIRPERSON Name Home Telephone 22501 $264-3241$ Mailing Address (Street, City, State, Zip Code) Business Telephone 22501 $264-3131$ TREASURER Name 664456 $Connie$ $A164-3738$ Mailing Address (Street, City, State, Zip Code) Business Telephone $20541-3738$ Business Telephone $Connie$ $A164-3738$ Mailing Address (Street, City, State, Zip Code) Business Telephone 20847 Rd_1 Hotton 66436 $47511147E0$ OR CONNECTED ORGANIZATIONS 876 Name $Mailing Address (Street, City, State, Zip Code) 416466 Mailing Address (Street, City, State, Zip Code) 416466 416666666 Name Mailing Address (Street, City, State, Zip Code) 41666666666666666666666666666666666666$	COMMI	ITEE (PLEASE TYPE OR PRINT)				
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Name Home Telephone (785) 344 - 3738 Mailing Address (Street, City, State, Zip Code) Business Telephone $AFFILIATED$ OR CONNECTED ORGANIZATIONS Name 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." $U/(3/08)$ $U/(3/08)$ $U/(3/08)$ $U/(3/08)$	Name Mailing A	Home Telephone (785) 364-324(Address (Street, City, State, Zip Code) Business Telephone				
Connie Allen (785) 364-3738 Mailing Address (Street, City, State, Zip Code) Business Telephone 20849 P Rd, HoHon 66436 (-) 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 misdemeapor." <u>6/(3/08</u> <u>Mailling Address (Signature of Chairperson)</u>						
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Governmental Ethics Commission Rev.2000	"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." $\frac{b}{13}$					
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	(See Reverse Side For Instructions)					
		is is a (check one) Party Committee Political Action Committee is is an (check one) Initial Statement Amended Statement				
	COMMITTEE	(PLEASE TYPE OR PRINT)				
	Name JAC.	Kon County Republican Control Control	e			
	Mailing Address (Street, City, State, Zip Code) Business Telephone 109 Karen Drive, Holton K5 (06436 (785) 364-3131					
	CHAIRPERSON					
	Name Matt	$\frac{1}{10}$ Home Telephone (785) 364-30	241			
	Mailing Address (Street, City, State, Zip Code) 109 Karen Prive, Holton, KS (06436 (785) 364-3141					
	TREASURER					
	Name Connie	e Allen (785) 364-37.	38			
	Mailing Address (Street, City, State, Zip Code) 20849 P. R.d., Holton, KS 66436 (785) 364-2358					
	AFFILIATED OR CONNECTED ORGANIZATIONS					
	Name Mon					
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