STATEMENT OF ORGANIZATION FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEE (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 Lincoln County Central Committee Mailing Address (Street, City, State, Zip Code) Business Telephone **CHAIRPERSON** Name, Home Telephone (785) 524-4915 Mailing Address (Street, City, State, Zip Code) (Street, City, State, Zip Code) N 3 Lincoln, (2 67455 Business Telephone TREASURER MARSHA Serrien Home Telephone (785) 524 - 3681 Name Mailing Address (Street, City, State, Zip Code) 1450 E. Trun Dr. Lincoln, Rs 67455 (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."

7-28-06 (Date)

(Signature of Chairperson)

Governmental Ethics Commission

Rev.2000