(See Reverse Side For Instructions)    See Reverse Side For Instructions   Party Committee   Political Action Committee   Amended Statement   Amended Statement   Party For Print   Party F
(See Reverse Side For Instructions)    JAN   Party Committee
This is an (check one) Initial Statement Amended Statement  COMMITTEE (PLEASE TYPE OR PRINT)  Name  Marchael County Republican Central Committee  Mailing Address (Street, City, State, Zip Code)  Business Telephone  CHAIRPERSON  Name  William L (Bill) Phillipi (785) 562-5467  Mailing Address (Street, City, State, Zip Code)  Business Telephone  William L (Bill) Phillipi (785) 562-5467  Mailing Address (Street, City, State, Zip Code)  Business Telephone
Name MARSHALL COUNTY REPUBLICAN CENTRAL Committee  Mailing Address (Street, City, State, Zip Code)  Business Telephone  CHAIRPERSON  Name  Home Telephone  (785) 562-5467  Mailing Address (Street, City, State, Zip Code)  Business Telephone  Business Telephone
MARSHALL COUNTY REPUBLICAN CENTRAL COMMITTEE  Mailing Address (Street, City, State, Zip Code)  CHAIRPERSON  Name  WILLIAM L (Bill) PHILLIPI (785) 562-5467  Mailing Address (Street, City, State, Zip Code)  Business Telephone  (785) S62-5467  Business Telephone
Name  WILLIAM L (BILL) PHILLIPI (785) 562-5467  Mailing Address (Street, City, State, Zip Code)  Business Telephone
Mailing Address (Street, City, State, Zip Code)    William L (Bill)   HILLIPI (785) 562-5467   Business Telephone
Mailing Address (Street, City, State, Zip Code)  Business Telephone
TREASURER
Name BRIAN CARROLL Home Telephone (785) 562 5078
Mailing Address (Street, City, State, Zip Code)  707 Brunoway Marysulle Ks 66508  (785 ) 562 2412
AFFILIATED OR CONNECTED ORGANIZATIONS
Name Republican Pagtu
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."  OIOBO (Signature of Chairperson)  Governmental Ethics Commission  Rev.2000

## STATEMENT OF ORGANIZATION RECEIVED

## FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(	See Reverse Side For Inst		ISTREET	
This is a (check one)	X Party Committee	Political Action Committee	AS 66612	
This is an (check one)	Initial Statement	Amended Statement		
COL A COTTEN	ATT AND THE OR DE			
COMMITTEE Name	(PLEASE TYPE OR PR	JNT)		
MARSHAU COUNTY REPUBLICAN CENTRAL COMMITTEE				
Mailing Address (Street, City, State, Z	Lip Code)	Business Telephone	3	
1400 PARK PL MAR	YSUILE KS	(785°) 562-846	3	
CHAIRPERSON				
Name War (R)	^`	Home Telephone		
Wm. L. (Bice) PHI		(785) 562-546 Business Telephone - Ca		
Mailing Address (Street, City, State, Z		( 785 ) 562 8463		
TREASURER				
Name BRIAN CARROLL		Home Telephone ( 785 ) 562 - 507	70	
Mailing Address (Street, City, State, Zi	in Code) ./	Business Telephone	10	
707 BRODOWAY MAR	exercile Ks 66508	(785) 562-241	2	
AFFILIATED OR CONNECTED ORG	GANIZATIONS			
Name	Af Ba Sabile and Sa Sa			
Mailing Address (Street, City, State, Zi	p Code)			
f not connected or affiliated with an organi	zation, identify the trade, p	rofession, or primary interest of th	ne contributors.	
REPUBLICAN PARKS		J		
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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 misdemean of."				
, , , , ,	(111)			
(Date)	(Signature of	Chairperson)		
Sovernmental Ethics Commission		•	Rcv.2000	