DEC 0 1 2008 STATEMENT OF ORGANIZATION LORNBURGH HIEAL ACTION COMMITTEES AND PARTY COMMITTEES (See Reverse Side For Instructions) Political Action Committee This is a (check one) Party Committee This is an (check one) Initial Statement Amended Statement **COMMITTEE** (PLEASE TYPE OR PRINT) Name **CHAIRPERSON** Home Telephone Name J. Minix (620) 257-3609 Business Telephone (620)2F7-TREASURER Name Home Telephone (620)257-Mailing Address (Street, City, State, Zip Code) Business Telephone AFFILIATED OR CONNECTED ORGANIZATIONS Name Kepublican Women 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."

(Date) Governmental Ethics Commission

Rev.2000

STATEMENT OF ORGANIZATION
STATEMENT OF ORGANIZATION NOV 0 9 2007 STATEMENT OF ORGANIZATION FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES
- NATURAL ACTION COMMITTEES AND TAKET COMMITTEES
(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 RICE County Republican Central Community
Mailing Address (Street, City, State, Zip Code) 1.0.1007 287 Lym5, KS/1554 620 257-2502
CHAIRPERSON
Name PAMEIA J. MINIV Home Telephone (620)257-3604
Mailing Address (Street, City, State, Zip Code) P.O. PIN 287 Lym3 KS 17554 (620) 251-2502
TREASURER
Name Bety Ann Wilson Home Telephone (620) 257-2155
Mailing Address (Street, City, State, Zip Code) P.O. Business Telephone Business Telephone
AFFILIATED OR CONNECTED ORGANIZATIONS
Name KANSAS Republican Party
Mailing Address (Street, City, State, Zip Code) 2025 GAge Blvd. Topeka, KS 66604
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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 misdemeanor."
(Date) (Signature of Chairperson)

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STATEMENT OF ORGANIZATION

HON THORNSUNG.
SECRETARY OF STATE SECRETARY OF
(See Reverse Side For Instructions)
This is a (check one) Party Committee Political Action Committee
This is an (check one) Initial Statement Amended Statement
THE YEAR STAE
COMMITTEE (PLEASE TYPE OR PRINT)
Name RICE County Republican Central
Mailing Address (Street, City, State, Zip Code) P. (), 13(N, 287 Lyl) (1800) 257-2502
CHAIRPERSON 67554
Name PAMEIA J. MINIX Home Telephone (620) 257-3604
Mailing Address (Street, City, State, Zip Code) P. O. BW 287 Lyon S KS107554 (620) 257-2502
TREASURER
Name Bety Ann Wilson Home Telephone (620) 257-2155
Mailing Address (Street, City, State, Zip Gode) PONGS LYMS C Business Telephone N/A
AFFILIATED OR CONNECTED ORGANIZATIONS
Name RICE County RepubliCAN Women's Club
Mailing Address (Street, City, State, Zip Code) P. O. 13 W 287 Lyws, KS 127554
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."
11/20/01
(Date) (Signature of Chairperson)
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