FILED STATEMENT OF ORGANIZATION	
NOV 0 5 2008 STATEMENT OF ORGANIZATION	
FOR BOYETTICAL ACTION COMMITTEES AND PARTY COMMIT	TEES
FOR BORTAGEL ACTION COMMITTEES AND PARTY COMMITSECRETARY OF TRANSPORTED ACTION COMMITSECRETARY ACTION COMMI	
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This is a (check one) Party Committee Political Action Committee This is an (check one) Party Committee Political Action Committee	
This is an (check one) Initial Statement Amended Statement	
COMMITTEE (PLEASE TYPE OR PRINT)	
Name Sherman County Republican Committee	
Mailing Address (Street, City, State, Zip Code) Business Telephone	
404 W 12th St. (modland, KS 67735 (785) 899-7516	
CHAIRPERSON	
Name Myron Tedford Home Telephone (785) 899.5769	7
Mailing Address (Street, City, State, Zip Code) Business Telephone 7645 Rd. 15 Goodland, K5 67735 (785) 890 - 3912	
TREASURER	·.
Name Home Telephone Lanet Craft ()	
Mailing Address (Street, City, State, Zip Code) Business Telephone 404 W 12th 5t. Goodland, K5 67735 (785) 899-7514	· -
AFFILIATED OR CONNECTED ORGANIZATIONS	
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Mailing Address (Street, City, State, Zip Code) 2025 SW Gage Blvd. Topeka KS (old 604)	
JW Gage DIVC. TOPENA, AS INCOM	<u> </u>
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) Myen Sederal (Signature of Chairperson)	
(Date) (Signature of Chairperson)	
Governmental Ethics Commission	Rev.2000

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	I his is a (check one) Party Committee Political Action Committee
	Government
COMMITTEE	(PLEASE TYPE OR PRINT) 109 WEST STHISTED
Name Su	Erman County Precinct Committee
Mailing Addre	ss (Street, City, State, Zip Code) Galdwell Good and KS (785) 890 - 5500
CHAIRPERSO	67735°
Name Roy	Home Telephone
Mailing Addre	ss (Street, City, State, Zip Code) Bysiness Telephone (185) 80 - 5500
TREASURER	
Name Jai	185) 899-7516
Mailing Addres	ss (Screet, City, State, Zip Code) 1 (4) 12th Good (4th KS 67735 (785) 879-2322
A That I A many	
Name	OR CONNECTED ORGANIZATIONS
Mailing Addres	ss (Street, City, State, Zip Code)
(1)	
If not connected o	r affiliated with an organization, identify the trade, profession, or primary interest of the committee
The second secon	
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 misdemession."

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(Signature of Chairperson)

Governmental Ethics Commission

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