## STATEMENT OF ORGANIZATION

FOR POLIT	TICAL ACTI	ON COMMITTE	FS AND PA	RTY COM	MTTERS
TORTOBI		014 0,01411411111			FILED
		(See Reverse Side For			NOV 0 6 2008
	s is a (check one)	Party Committee		tion Committee	RON THORNBURGH
. Ini	s is an (check one)	Initial Statement	Amended S	statement	SEGRETARY OF STATE
COMMITTEE (PLEASE TYPE OR PRINT)					
Name Thomas	County	Republican	Central	Committ	
Mailing Address (S	treet, City, State, 148 Gem	Republican Zip Code) KS 6773	Busine (7.85	ess Telephone ) 462-	6638
CHAIRPERSON					
	iegelmeier	,	Home 7 ( <b>7</b> 85	Celephone ) 462-	6638
Mailing Address (S P.O. Box 148		Zip Code) S 67734		ess Telephone ) 443-	-278/
TREASURER	, 	· .		· · · ·	
Name Mike	Baughn	·	Home 7	Telephone	1-2778
Mailing Address (Street, City, State, Zip Code)  Business Telephone  320 Illinois Are Brewith KS 67732 (785) 460-4570					
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.					
	<u> </u>	•			
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."					
11/3/2008	<u>.</u>	Signet	ure of Chairpers	right	-
Governmental Ethics	Commission	(Signat	. ,		Rev.2000

## STATEMENT OF ORGANIZATION TICAL ACTION COMMITTEES AND PARTY COMMITTEES (See Reverse Side For Instructions) Party Committee Political Action Committee This is a (check one) Initial Statement Amended Statement This is an (check one) (PLEASE TYPE OR PRINT) COMMITTEE Name Business Telephone Mailing Address (Street, City, State, Zip Code) (7-85) 462-KS **CHAIRPERSON** Name Home Telephone 462-6638 (785)Mailing Address (Street, City, State, Zip Code) Business Telephone 462-3951 KS 67739 (785)TREASURER Name Home Telephone Baughn (785) 694-2778 Mailing Address (Street, City, State, Zip Code) Business Telephone 320 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." (Signature of Chairperson)

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