STATEMENT OF ORGANIZATION AL ACTION COMMITTEES AND PARTY 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 Woodson County Central Committee Mailing Address (Street, City, State, Zip Code) 710 E. Madison, Yates Center, KS (620) 625-8584 **CHAIRPERSON** Home Telephone Name Cecilia Sanaie (620) 625-8584 Mailing Address (Street, City, State, Zip Code) 710 E. Madison, Votes Center, KS Business Telephone TREASURER Home Telephone Name Diana M. Jones (620)625-2627 Business Telephone Mailing Address (Street, City, State, Zip Code) Votes Center KS (620)625-AFFILIATED OR CONNECTED ORGANIZATIONS Name Kansas Republican Party Mailing Address (Street, City, State, Zin Code) 2025 S.W. Gage Blvd. Topeka, KS 66604 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)

(Signature of Chairperson)

Governmental Ethics Commission

Rev.2000

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Name Woodsor	n County (Central Com	mittee 109 West oth Street Topeka, kangas egong	
Mailing Address (Str. 1322 A	reet, City, State, Zip pache Rd. V	Code) irgil, KS 6687	Business Telephone O (620)625-2125	
CHAIRPERSON				
Name Nancy	L. Fife		Home Telephone (620)645-2241	
Mailing Address (Str		Code) gil KS 66870	Business Telephone (620) 625 - 2125	
		9/1, /		
TREASURER				
Name Kay Jea	n Brown		Home Telephone (620) 625 - 2004	
Mailing Address (Str	reet City State 7in	Code) Contac KS 66	Business Telephone 9783(620)625-2421	
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AFFILIATED OR C	ONNECTED ORGA	ANIZATIONS		
Name Kansas	Republican 1	Party		
Mailing Address (Str	reet, City, State, Zip	Code)	a, KS 46604	
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If not connected or affili	iated with an organiza	ation, identify the trade,	profession, or primary interest of the contribut	tors.
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(Date)		(Signature)	of Chairperson)	
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