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STATEMENT OF ORGANIZATION STATEMENT OF ORGANIZATION STATEMENT OF ORGANIZATION					
RON THORNBURGH ECHEPOR POLITICAL 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 Count Dance +	Partie				
Mailing Address (Street, City, State, Zip Code) PO Box 306 (clumbus Ks 66725	Business Telephone				
CHAIRPERSON					
Name Crystal 1. Gatewood	Home Telephone (620) 429-3690				
Mailing Address (Street, City, State, Zip Code)	Business Telephone				
Po Box 306 Columbus Ks 66725	(620) 762-6076				
TREASURER					
Name Patricia Noe	Home Telephone (620) 7835781				
Mailing Address (Street, City, State, Zip Code) 2638 Hickory Hills Road	Business Telephone (620) 783 5363				
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 be belief is true, correct and complete. I understand that the intentional or intentionally filing a false document is a class A misdemeanor." 7/14/08 (Date)	I failure to file this document				

Governmental Ethics Commission

Rev.2000