STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

		(G : D : G! T		
		(See Reverse Side For		
	This is a (check one)	Party Committee	Political Action Committee	
•	This is an (check one)	✓ Initial Statement	Amended Statement	
COMMITTEE	· ·	(PLEASE TYPE OF	R PRINT)	
Name Geary	County Republican	Central Committee		
	ss (Street, City, State, h St., Junction City,		Business Telephone (785) 238-8674	
CHAIRPERSO)N			
Name Niemc	zyk, Samuel R.		Home Telephone (785) 238-8674	
	ss (Street, City, State, h St., Junction City,		Business Telephone (785) 375-0020	
TREASURER				
Name Schmi	dt, Timothy		Home Telephone (785) 761-5419	
Mailing Addre	ss (Street, City, State, te Dr., Junction City,	Zip Code) , KS 66441	Business Telephone (785) 761-5419Th	ne Republica
AFFILIATED	OR CONNECTED O	RGANIZATIONS		
Name				
Mailing Addres	ss (Street, City, State,	Zip Code)		
	or affiliated with an orga an party of Kansas	anization, identify the tra	nde, profession, or primary interest of	the contributors.
belief is true, co	rrect and complete. I	· · · · · · · · · · · · · · · · · · ·	o the best of my knowledge and entional failure to file this documen anor."	nt
Tune 23 (Date)	3,10	James (Signati	IK Will Cycles of Chairperson	
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FOR POLITICAL ACTION COMMITTEES AND PARTY COMMIT	TEES				
(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 GEARY COUNTY REPUBLICAN CENTAL COMMITTEE Mailing Address (Street, City, State, Zip Code) Business Telephone PO Bux 375 Junction (Ty Ks 6644)()					
CHAIRPERSON					
Name WERNER Lehner (785)210-0368					
Mailing Address (Street, City, State, Zip Code) Business Telephone 5707 W. Lyon CR. Rd Junction City KS 66441 ()					
TREASURER					
Name Home Telephone (785) 238-7883					
Mailing Address (Street, City, State, Zip Code) 1120 W. 5th St Junction CityKs 66441 () NA					
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." (Date) (Signature of Chairperson)					
(Date) (Signature of Chairperson)					
Governmental Ethics Commission	Rev.2000				

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