

## STATEMENT OF ORGANIZATION

RECEIVED

## FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

OCT 26 2010

(See Reverse Side For Instructions)

KS Governmental Ethics Commission

This is a (check one)	<input checked="" type="checkbox"/> Party Committee	<input type="checkbox"/> Political Action Committee
This is an (check one)	<input type="checkbox"/> Initial Statement	<input checked="" type="checkbox"/> Amended Statement

## COMMITTEE

(PLEASE TYPE OR PRINT)

Name

Gray County Republican Central Committee

Mailing Address (Street, City, State, Zip Code)

Cimarron, KS Business Telephone  
c/o Darrell Owen, Box 174, 67835 (620) 855-7776

## CHAIRPERSON

Name

Darrell Owen

Home Telephone

(620) 855-7721

Mailing Address (Street, City, State, Zip Code)

Box 174 Cimarron, KS 67835 (620) 855-7776

## TREASURER

Name

Ken Penner

Home Telephone

(620) 335 5345

Mailing Address (Street, City, State, Zip Code)

5405 14 Rd, Ingalls, KS 67853 (620) 335-5190

## AFFILIATED OR CONNECTED ORGANIZATIONS

Name

Kansas Republican Party

Mailing Address (Street, City, State, Zip Code)

Box 4157 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."

10/25/10

(Date)

Darrell Owen

(Signature of Chairperson)

**FILED**

MAR 27 2009

ROTHORNBURG  
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES  
SECRETARY OF STATE

## STATEMENT OF ORGANIZATION

### FOR 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

*Gray County Republican Central Committee*

Mailing Address (Street, City, State, Zip Code)

*P.O. Box*

Business Telephone

*Cimarron, KS 67835 (620) 855-7721*

#### CHAIRPERSON

Name

*Darrell Owen*

Home Telephone

*(620) 855-7721*

Mailing Address (Street, City, State, Zip Code)

*P.O. Box*

Business Telephone

*Cimarron, KS 67835 (620) 855-7776*

#### TREASURER

Name

*Terry Martin*

Home Telephone

*(620) 855-7248*

Mailing Address (Street, City, State, Zip Code)

*915 N. 5th P.O. Box*

Business Telephone

*Cimarron, KS ( )  
67835*

#### 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."

*3-20-09*

(Date)

*Darrell D. Owen*

(Signature of Chairperson)

FILED

FEB 01 2007

FOR POLITE  
RON THOMPSON  
SECRETARY OF STATE

# STATEMENT OF ORGANIZATION

RECEIVED

JAN 29 2007

(See Reverse Side For Instructions)

This is a (check one)



Party Committee



Political Action Committee

This is an (check one)



Initial Statement



Amended Statement

Governmental Ethics Commission  
100 WEST 9TH STREET  
TOPEKA, KANSAS 66612

## COMMITTEE

(PLEASE TYPE OR PRINT)

Name  
Gray County Republican Central Committee

Mailing Address (Street, City, State, Zip Code)  
5405 14 Road, Ingalls, Ks. 67853

Business Telephone  
( 620 ) 335-5345

## CHAIRPERSON

Name  
Ken Penner

Home Telephone  
( 620 ) 335-5345

Mailing Address (Street, City, State, Zip Code)  
5405 14 Road, Ingalls, Ks. 67853

Business Telephone  
( 620 ) 335-5190

## TREASURER

Name  
Terry Martin

Home Telephone  
( 620 ) 855-7208

Mailing Address (Street, City, State, Zip Code)  
915 N. 5th St., Cimarron, Ks. 67835

Business Telephone  
( 620 ) 855-7208

## AFFILIATED OR CONNECTED ORGANIZATIONS

Name

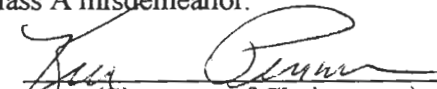
Mailing Address (Street, City, State, Zip Code)

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."

1-18-07  
(Date)

  
(Signature of Chairperson)