and a spinor	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 Keakay County Republican Central Committee
	Mailing Address (Street, City, State, Zip Code) Business Telephone C. BUX 123, L(1KIN) 12. 67860 (620) 355-8096
	CHAIRPERSON
	Name CELIA BEYMER (Le20) 355-8096
	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
	TREASURER
\sim	Name Manette Rice Home Telephone (620) 355-8096
$\left(\right)$	Mailing Address (Street, City, State, Zip Code) ICOI LINCOLNAUE, LARIN, B. 67860 (620) 271-8732
	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)
	Governmental Ethics Commission Rev.2000

	STATEMENT OF ORGANIZATION
	FIEDPOLITICAL ACTION COMMITTEES AND PARTY COMMITTEES
	OCT 1 4 2008 (See Reverse Side For Instructions)
s	RON THORNBURGIPhis is a (check one) Party Committee Political Action Committee ECRETARY OF S ATE is an (check one) Initial Statement Amended Statement
	COMMITTEE (PLEASE TYPE OR PRINT)
	Name Reappy County Republican Contail Committee
	Mailing Address (Street, City, State, Zip Code) 1443 Rd 170, P.O. Brx 123 Laku R 67860 (1020) 272 - 2010
	CHAIRPERSON
	Name (elia) Beymer Home Telephone (620) 355-8096
	Mailing Address (Street, City, State, Zip Code)Business Telephone1443 Rd 1701012101443 Rd 1701012101440 Rd 17010121014
	TREASURER
	Name Pam Hayzlett (620) 355-7499
	Mailing Address (Street, Qity, State, Zip Code)Business Telephone112Road TLaPin, B. (078/00()
	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."
	9130/08 Celia + Berther
	(Date) (Signature of Chairperson)

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