NOV 1 0 2008 STATEMENT OF ORGANIZATION	
RONFORTPOLITICAL ACTION COMMITTEES AND PARTY COMMITTEE	ES -
(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)	
McPherson County Central Committee	
Mailing Address (Street, City, State, Zip Code) Business Telephone	
CHAIRPERSON	
Name Lori Shaltz Home Telephone (785) 2273805	
Mailing Address (Street, City, State, Zip Code) 767 Washing for Cincle Lindsborg K5 67456 (785) 2120703	
TREASURER	
Name Home Telephone (620) 2414394	,
Mailing Address (Street, City, State, Zip Code) Business Telephone 540 5. Park Ave, McPherson KS 67460	
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 contri	ibutors

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."

Oct. 20, 08
(Date)

(Signature of Chairperson)

Governmental Ethics Commission

Rev.2000