STATEMENT OF ORGANIZATION FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES
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)
Pawnee County Republican Central Committee
Mailing Address (Street, City, State, Zip Code) Business Telephone 3248 O Road, Bardett, KS 66604 (620) 525-1500
CHAIRPERSON
Name Home Telephone (620) 525-6720
Mailing Address (Street, City, State, Zip Code) 3248 O Road, Burdett, KS 67523 (620) 525-1500
TREASURER
Name Home Telephone (620) 285-6865
Mailing Address (Street, City, State, Zip Code) Business Telephone 1089 E Road, Larned, KS 67550 (620) 285-6479
AFFILIATED OR CONNECTED ORGANIZATIONS
Name Kansas Republican Party
Kansas Republican Party Mailing Address (Street, City, State, Zip Code)
P.D. Box 4157, TopeKa, KS 66604
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.
SIGNATIVE D
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) (Date) (Signature of Chairperson)

Governmental Ethics Commission

Rev.2000

STATEMENT OF ORGANIZATION POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES (See Reverse Side For Instructions) Party Committee This is a (check one) Political Action Committee This is an (check one) Initial Statement Amended Statement **COMMITTEE** (PLEASE TYPE OR PRINT) AUNEE COUNT REPUBLICAN CENTRAL COMMITTEE Name / Business Telephone Mailing Address (Street, City, State, Zip Code) **CHAIRPERSON** Name Home Telephone H.A. SMITH (620) 285-6219 Mailing Address (Street, City, State, Zip Code) Business Telephone 1720 COUEGE LARNED KS 67550 TREASURER Name Home Telephone DUGLAS NENETT (620) 285-2709 Mailing Address (Street, City, State, Zip Code) Business Telephone (620) 285-315 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."

 $\frac{7-3-08}{\text{(Date)}}$

(Signature of Chairperson)

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