## STATEMENT OF ORGANIZATION

EOD DOLLTICAL ACTION COMMITTEES AND DADTY COMMITTEES						
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)  Amount of Statement						
This is an (check one) 🗸 Initial Statement Amended Statement						
COMMITTEE (PLEASE TYPE OR PRINT)						
Name Shawnee County Republican Central Committee						
Mailing Address (Street, City, State, Zip Code) P.O. Box 4433, Topeka, Ks 66604  Business Telephone  ( )						
CHAIRPERSON						
Name Home Telephone Robert Eckhardt (785 ) 478-0715						
Mailing Address (Street, City, State, Zip Code)  2948 SW Staffordshire Rd, Topeka, Ks 66614  Business Telephone  ( )						
TREASURER						
Name         Home Telephone           John Martin         ( 785 ) 633-0243						
Mailing Address (Street, City, State, Zip Code)  2030 SW Sims Ave, Topeka, Ks 66604  Business Telephone  ( )						
AFFILIATED OR CONNECTED ORGANIZATIONS						
Name Kansas Republican Party						
Mailing Address (Street, City, State, Zip Code) P.O. 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."						
(Date) (Signature of Chairperson)						

Rev.2000

Governmental Ethics Commission

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Commission
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES 2010
(See Reverse Side For Instructions)  SECRETARY OF STA
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 - Party
Shawnee County Republican Complete
Mailing Address (Street, City, State, Zip Code)  Po Box 4433 Topche Le 60449998) N/A
PD 00 \ 4435 /aprice, 13 (100) 11178 ) N/A
CHAIRPERSON
Name Robert Meissner (785) 379-0540
Mailing Address (Street, City, State, Zip Code)  Business Telephone  2205 SW Millers Glen DR. Topeka, KS (785) 234-5410  TREASURER
2205 SW Millers Glen DR. Topeka, Ks (785) 234-5410
46614
IREASURER
Name  Home Telephone 633-0243  Tohn Martin (785) 783734
Mailing Address (Street, City, State, Zip Code) Business Telephone
2030 5W Sims Ave Tapela, Ks 66604 ( )
AFFILIATED OR CONNECTED ORGANIZATIONS
Name :
-Mailing-Address (Street, City, State, Zip Code)  5601 5W Barrington Ct. Smle 120 Topula Ko 166614
-Mailing-Address (Street, City, State, Zip Code)
5601 SW Barrington Ct. Suite 120 Topika Ks 66614
la contraction de la
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.
SIGNATURE:
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(Date) (Signature of Chairnerson)
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## STATEMENT OF ORGANIZATION

PONTH C	DLITICAL ACTI	ION COMMITTE	EES AND PARTY COMMI	TTEES
		(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	3	(PLEASE TYPE OI	R PRINT)	
Name Shawr	nee County Republi	can Party		
	ess (Street, City, State, 33, Topeka, KS 6660		Business Telephone (785) 266-8060	
CHAIRPERSO	DN			
Name Bob M	leissner		Home Telephone ( 785 ) 379-0540	
	ess (Street, City, State, opeka Ave, Topeka,		Business Telephone	
TREASURER				
Name			Home Telephone	
John N			( 785 ) 783-7011	<u> </u>
Mailing Addre	ss (Street, City, State, edford Ave	Zip Code)	Business Telephone ( )	
AFFILIATED	OR CONNECTED O	RGANIZATIONS	·	
Name None				
Mailing Addres	ss (Street, City, State,	Zip Code)		
f not connected of Election camp		anization, identify the tra	ade, profession, or primary interest of th	ne contributors.
belief is true, co or intentionally	his statement has been prect and complete. I filing a false documen	_	to the best of my knowledge and entional failure to file this document anor."	
(Date)	<u> </u>	(Signatu	ure of Chairperson)	
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