STATEMENT OF ORGANIZATION	
FOR POLITICAL ACTION COMMITTEES AND PARTY COM	AITTEELED
(See Reverse Side For Instructions)	OCT 1 1 2012
This is a (check one) Party Committee Political Action Committee This is an (check one) Initial Statement Amended Statement	KRIS W. KOBACH SECRETARY OF STATE
COMMITTEE (PLEASE TYPE OR PRINT) Name 0	
Greenwood County Republication Central Com	mittee
Name <u>Greenwood</u> <u>County</u> <u>Republe</u> , <u>c+N</u> <u>Central</u> <u>Con</u> Mailing Address (Street, City, State, Zip Code) <u>Business Telephone</u> <u>Business Telephone</u> <u>Busine</u> <u>Business Te</u>	nact
Subi (0 SUNA, MADISON, RS 66860 (620) 751-	
CHAIRPERSON	
Name Vonda Wiedmer (620)437-2	2194
Mailing Address (Street, City, State, Zip Code) Business Telephone 3661 W 50 Rd, MADISON KS 66860 ()	
TREASURER	
Name Home Telephone MARY ANN Broyles (620)583	
Mailing Address (Street, City, State, Zip Code) 125 WAINUT, EureKA, KS 67045 ()	
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name KANSAS RepubliCAN PARty	
Mailing Address (Street, City, State, Zip Code)	
Box 4157 Topert, KS 66604	
If not connected or affiliated with an organization, identify the trade, profession, or primary interest o	f the contributors.
SIGNATURE: "I declare that this statement has been examined by me and to the best of my knowledge and	
"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 docume	ent
or intentionally filing a false document is a class A misdemeanor."	
10-9-12 Vonda Decomer	\supset
(Date) (Signature of Chairperson)	
Governmental Ethics Commission	Rev.2000

FILED	
OCT 1 9 2010 STATEMENT OF ORGANIZATION SECRETARY OF STATE SECRETARY OF STATE	· ·
(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 <u>Greenwood</u> <u>County</u> <u>Republican</u> <u>Central</u> <u>Committe</u> Mailing Address (Street, City, State, Zip Code) <u>Business Telephone</u> <u>Business Telephone</u>	e
CHAIRPERSON	
Name VONDA Wiedmer Home Telephone (620) 43M-2194	
Mailing Address (Street, City, State, Zip Code) Business Telephone Business Telephone Business Telephone Business Telephone Business Telephone	
TREASURER	
Name Home Telephone (620) 583-6476	
Mailing Address (Street, City, State, Zip Code) 125 S. WAINUT, EURERA, KS () 67045	
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name KANSAS REPubliCAN PARty	
Mailing Address (Street, City, State, Zip Code) 5601 BW Barington Court Topera, KS 66604	
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contribute	ors.
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."	
10-17-10 (Date) Unda Wiedmer (Signature of Chairperson)	
Governmental Ethics Commission Rev.20	 000