DEC 1 9 2008	STATE	MENT OF OR	GANIZATION		
PEORPOLT	FICAL ACTION	I COMMITTE	ES AND PART	Y COMMITTE	EES
SECT	(Se	e Reverse Side For	Instructions)	·	
Thi	s is a (check one)	Party Committee	Political Action C	committee	
Thi	s is an (check one)	Initial Statement	Amended Statem	lent	
COMMITTEE	. ()	PLEASE TYPE OI	R PRINT)		
Name Johnson C	County Republican I		<u>_</u>		
	treet, City, State, Zip n Lane, Olathe, Ka		Business T (816)	elephone 550-2172	
CHAIRPERSON					
Name Ronnie Me	etsker		Home Telep (913)	hone 362-1333	
	treet, City, State, Zip eet, Overland Park,		Business T (913)	elephone 915-6670	
TREASURER					
Name Michael Ku	ickelman		Home Telep (913)	hone 261-8156	
	treet, City, State, Zip en Lane, Olathe, Ka		Business T (816)	elephone 877-8155	: .
AFFILIATED OR (CONNECTED ORGA	ANIZATIONS		·	
Name					
Mailing Address (S	treet, City, State, Zip	Code)			
If not connected or affi Republican party.		ation, identify the tra	de, profession, or prim	ary interest of the con	tributors.
SIGNATURE:				<u>_</u>	
"I declare that this st			o the best of my know		
	and complete. I und	erstand that the int a class A misdeme	entional failure to file	this document	
	and complete. I und			this document	