and a summaries of	STATEMENT OF ORGANIZATION
	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)
	Name Keakay County Republican Central Committee
	Mailing Address (Street, City, State, Zip Code) Business Telephone C. BUX 123, L(1KIN) 12. 67860 (620) 355-8096
	CHAIRPERSON
	Name CELIA BEYMER (Le20) 355-8096
	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
	TREASURER
\sim	Name Manette Rice Home Telephone (620) 355-8096
$\left(\right)$	Mailing Address (Street, City, State, Zip Code) ICOI LINCOLNAUE, LARIN, B. 67860 (620) 271-8732
	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."
,	(Date) (Signature of Chairperson)
	Governmental Ethics Commission Rev.2000