STATEMENT OF ORGANIZATION		
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMIT		
(See Reverse Side For Instructions)	FILE	
This is a (check one) Party Committee Political Action Committee	DEP 24 2012	
This is an (check one) Initial Statement Amended Statement $\int_{St_{ac}} \frac{k_{R}}{k_{R}}$	15 W KO:	
COMMITTEE (PLEASE TYPE OR PRINT)	IS W KOBACH TARY OF STATE	
Name O (O (O)		
LANE COUNTY CENTEAL KEPUBLICAN COmmi	HEE	
Mailing Address (Street, City, State, Zip Code) Business Telephone		
CHAIRPERSON		
Name Home Telephone		
KOBER YOST (620) 397-5641	<u>//</u>	
Mailing Address (Street, City, State, Zip Code) Box 774 Dight ron, KAns. 67839 (620) 397-564	4	
	<u> </u>	
Name Home Telephone (620) 397-587	0	
Mailing Address (Street, City, State, Zip Code) PO. Bax PIL Dight Ton Kansos 61839() Business Telephone		
LOO. NOX III DIGITION NAMESIS VIUSIN	/	
AFFILIATED OR CONNECTED ORGANIZATIONS		
Name KANSAS REPUBLICAN PARty		
Mailing Address (Street, City, State, Zip Code)	/	
Mailing Address (Street, City, State, Zip Code) 2025 SUI GASE Polind. Topeka K. 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."		
<u>9-16-12</u>		
(Date) (Signature of Chairperson)		
Governmental Ethics Commission	Rev.2000	

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	MAR 3 0 2009 MAR 3 0 2009 STATEMENT OF ORGANIZATION RON THORNEURGH FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES
. \	(See Reverse Side For Instructions)
	This is a (check one)Party CommitteePolitical Action CommitteeThis is an (check one)Initial StatementAmended Statement
	COMMITTEE (PLEASE TYPE OR PRINT)
	Name Lane County Central Republican Committee
	Mailing Address (Street, City, State, Zip Code) Business Telephone () ()
	CHAIRPERSON
	Name Ron Musselwhite (620) 397-2546
	Mailing Address (Street, City, State, Zip Code) PO, Box 925 Dig nton Kansas 67839 ()
	TREASURER
	Name Opal Roberts (620) 397 5914
	Mailing Address (Street, City, State, Zip Code) 255 North Longhorn Road Dighton Kansas 67839
	AFFILIATED OR CONNECTED ORGANIZATIONS
	Name KANGAS REPUBLICAN PARTY
	Mailing Address (Street, City, State, Zip Code) 2025 GW GAGE BIVO, TopekA, KS 6604
	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."
	3/24/09 (Signature of Chairperson)
	Governmental Ethics Commission Rev.2000

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