STATEMENT OF ORGANIZATION	
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMIT	ΓEES
(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 McPherson county Marge Arnold	
Mailing Address (Street, City, State, Zip Code) PO Box 984 McPherson, Ks 67460 Business Telephone (620-)241-5810	
CHAIRPERSON	 _
Name Home Telephone David Bohenblust (620-735-1383)	
Mailing Address (Street, City, State, Zip Code) McPherson, Ks 67460 Business Telephone	
TREASURER	
Name Cheryl Stieben Home Telephone (620-24)-4394	
Mailing Address (Street, City, State, Zip Code) 540 S. Park McPherson, Ks 67460 Business Telephone ()	
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." O E / Z (Date) (Signature of Chairperson)	Rev.2000

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	OF ORGANIZATION
RONFORTPOLIATIOAL ACTION COMM	MITTEES AND PARTY COMMITTEES
(See Reverse	Side For Instructions)
This is a (check one) Party Co.	mmittee Political Action Committee
This is an (check one) Initial St	tatement Amended Statement
COMMITTEE (PLEASE)	TYPE OR PRINT)
McPherson Country Central	Committee
Mailing Address (Street, City, State, Zip Code)	Business Telephone
CHAIRPERSON .	\
Name Lori Shaltz	Home Telephone (785) 2273805
Mailing Address (Street, City, State, Zip Code) 767 Washing for Cincle Lindsbor	Cell Business Telephone
TREASURER	
Name Charyl Stieben	Home Telephone (620) 2414394
Mailing Address (Street, City, State, Zip Code) 540 5. Park Ave, McPherson KS 67	Business Telephone ()
AFFILIATED OR CONNECTED ORGANIZATION	
Name	
Mailing Address (Street, City, State, Zip Code)	

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 tile this document or intentionally filing a false document is a class A misdemeanor."

Oct. 20, 08
(Date)

(Signature of Chairperson)

Governmental Ethics Commission

Rev.2000