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 LANE County CENTRAL REPUBLICAN Committee
Mailing Address (Street, City, State Zip Code) Box 223 Dighton K5 67839 ()
CHAIRPERSON
Name ROGER Vost Home Telephone (620) 397 - 5644
Mailing Address (Street, City, State, Zip Code) P.O. Dax 774 Dighton K5 67839 (620) 397-5644
TREASURER
Name Godfried Bud New Berry (620) 397-2883
Mailing Address (Street, City, State, Zip Gode)/ Business Telephone D. Dox <u>23</u> Jigt on 567839 (620)-397 - 2883
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 intertional failure to file this document or intentionally filing a false document is a class A misdemeanor." 5-20-14 (Date) (Signature of Chairperson)
Governmental Ethics Commission Rev.2000

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FOR POLITICAL ACTION COMMITTEES AND PARTY COMMIT		
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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)		
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