| STATE  | MENT OF OR               | GANIZATION  |                            |
|--|--------------------------|---|----------------------------|
| FOR POLITICAL ACTION   | N COMMITTE               | ES AND PARTY CC                                   | MMITTEES                   |
| (See Reverse Side For Instructions)  |                          |   | FILED                      |
| This is a (check one)  | Party Committee          | Political Action Committe                         | e SEP 2 9/ 2014            |
| This is an (check one)   | Initial Statement        | Amended Statement                                 | KOBACH                     |
| COMMITTEE (  | PLEASE TYPE OR           | PRINT)  | SECRETARY OF STATE         |
| Name Lyon County Republican Cen  | tral Committee           |   |                            |
| Mailing Address (Street, City, State, Zip Code)<br>1171 Road 40, Madison, KS 66860   |                          | Business Telephone<br>( <del>620</del> ) 475-3639 |                            |
| CHAIRPERSON  |                          |   |                            |
| Name<br>Charles J Steffes  |                          | Home Telephone<br>( 620 ) 475-3639                |                            |
| Mailing Address (Street, City, State, Zip Code)<br>1171 Road 40, Madison, KS 66860   |                          | Business Telephone<br>( 620 ) 757-9180            |                            |
| TREASURER  |                          |   |                            |
| Name<br>Lori A Eudaley   |                          | Home Telephone<br>( 620 ) 341-0051                |                            |
| Mailing Address (Street, City, State, Zip Code)<br>225 W 5th Ave, PO Box 279, Emporia, KS 66801  |                          | Business Telephone<br>( 620 ) 342-7695            |                            |
| AFFILIATED OR CONNECTED ORG  | ANIZATIONS               |   |                            |
| Name   |                          |   |                            |
| Mailing Address (Street, City, State, Zip  | Code)                    | ·····   |                            |
| If not connected or affiliated with an organiz   | ration, identify the tra | de. profession, or primary inte                   | erest of the contributors. |
| SIGNATURE:<br>"I declare that this statement has been ex-<br>belief is true, correct and complete. I un<br>or intentionally filing a false document is<br>9-26-141 | derstand that the int    | entional failure to file this d                   |                            |

(Date)

(Signature of Chairperson)

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| AND PARTY COMMITTEES  |
| ructions)   |
| Political Action Committee MAR 2 0 201                                    |
| Amended Statement KRIS W KOP JOH<br>SECRETARY OF STA                      |
| NINT)   |
|   |
| Business Telephone ( )  |
|   |
| Home Telephone $(620)$ 342.0358   |
| Business Telephone  |
|   |
| Home Telephone  |
| (620) 341-0051  |
| Business Telephone<br>(620) 342-7695                                      |
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