STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

_	(See Reverse Side For Instructions)			FILED
	This is a (check one) This is an (check one)	Party Committee Initial Statement	Political Action C Amended Statem	OCT 4 # 2040
COMMITTEE		(PLEASE TYPE OF	R PRINT)	KRIS W. KOBACH SECRETARY OF STATE
Name McPhers	son County		 -	
Mailing Address	s (Street, City, State, 1940n Circle	Republican (Zip Code) Lindsborg, Ls 679	B usine ss T 456 (785)-	elephone - 2/2 - 9028
CHAIRPERSO	N			
Name LOF	Shultz	·	Home Telep (785) 2	hone 212-9028
	s (Street, City, State, hi na fon Circ	Zip Code) Le Lindsborg K 67456	Business T	elephone
TREASURER		6745b		
Name Phil	in Hinma	<u>in</u>	Home Telep (785)	hone 215–3867
Mailing Address	S (Street, City, State,	Zip Code) <u>McPherson, Ks</u> 67	Business T	elephone
	OR CONNECTED O		460	
Name			,	
Mailing Address	s (Street, City, State,	Zip Code)		
If not connected or	affiliated with an org	anization, identify the tra	nde, profession, or prim	ary interest of the contributors.
belief is true, cor	rect and complete.	n examined by me and to understand that the intent is a class A misdement is a class A misdement (Signature)	entional failure to file	
Governmental Etl	nics Commission	(DiBitati	or onanperson)	Rev.2000

FILED

STATEMENT OF ORGANIZATION

JUN 09 2014

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMERCIAL STATE

(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 McPhBron County Republican Co					
Mailing Address (Street, City, State, Zip Code) 1524 N High NO-Pherson U7440) Business Telephone					
CHAIRPERSON					
Name Dave Bounen blust (420) 241-5408					
Mailing Address (Street, City, State, Zip Code) 1720 W Lansas Dob My Business Telephone 1720 W Lansas Dob My Business Telephone					
TREASURER					
Name Levely Huller (1020) 244-0807					
Mailing Address (Street, City, State, Zip Code) 1624 N High MCHIBIGON WHICE)					
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					