

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

This is a (check one)	<input checked="" type="checkbox"/> Party Committee	<input type="checkbox"/> Political Action Committee
This is an (check one)	<input checked="" type="checkbox"/> Initial Statement	<input type="checkbox"/> Amended Statement

COMMITTEE (PLEASE TYPE OR PRINT)

Name <u>WILSON COUNTY REPUBLICAN CENTRAL COMMITTEE</u>	
Mailing Address (Street, City, State, Zip Code) <u>18567 950 RD ALTOONA KS 66710</u>	Business Telephone <u>(620) 870-9501</u>

CHAIRPERSON

Name <u>DON SONGER</u>		Home Telephone <u>(620) 568-3850</u>
Mailing Address (Street, City, State, Zip Code) <u>18567 950 RD ALTOONA KS 66710</u>	Business Telephone <u>(620) 870-9501</u>	

TREASURER

Name <u>TERRI YOUNG</u>		Home Telephone <u>(620) 378-3121</u>
Mailing Address (Street, City, State, Zip Code) <u>10932 HARPER RD BARDONA KS 66736</u>	Business Telephone <u>()</u>	

AFFILIATED OR CONNECTED ORGANIZATIONS

Name <u>KANSAS REPUBLICAN PARTY</u>	
Mailing Address (Street, City, State, Zip Code) <u>TOPICKA KS</u>	

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."

7-20-2010
(Date)

Don Songer
(Signature of Chairperson)