STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

	(See Reverse Side For Instructions)			NOW	
	This is a (check one) This is an (check one)	Party Committee Initial Statement	Political Action Con Amended Statemen	KS o	
COMMITTEE	<u> </u>	(PLEASE TYPE C	R PRINT)	" Commission	
Name Marior	n County Kansas Ro	epublican Central Co			
Mailing Address (Street, City, State, Zip Code) 2350 220th St., Marion, KS 66861				Business Telephone (620) 381-4887	
CHAIRPERSO	ON				
Name Rose I	Davidson		Home Telepho (620) 38	one 1-4887	
Mailing Address (Street, City, State, Zip Code) 2350 220th St., Marion, KS 66861			Business Tele	Business Telephone	
TREASURER					
Name Cleo E	Beth Friesen		Home Telepho (620) 9	one 47-5701	
Mailing Addre 979 170th,	ess (Street, City, State Hillsboro, KS 6706	, Zip Code) 3	Business Tele	ephone	
AFFILIATED	OR CONNECTED C	RGANIZATIONS			
Name					
Mailing Addre	ess (Street, City, State	, Zip Code)			
If not connected	or affiliated with an org	ganization, identify the t	rade, profession, or primar	y interest of the contributors.	
belief is true, co or intentionally (Date)	chis statement has been correct and complete. If filing a false docume	I understand that the inent is a class A misdem	to the best of my knowled tentional failure to file the deanor." The file the deanor of the control of the con	nis document	
Governmental E	Ethics Commission			Rev.2000	