RECEIVED STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARFY COMMITTEES						
Canal Canal Sugar Canal						
1		(See Reverse Side F	or Instructions)		,	
	This is a (check one)	Party Committee	Political Ac	ction Committee		
	This is an (check one)	Initial Statemen	t Amended	Statement		
COMMITTEE (PLEASE TYPE OR PRINT)						
Name Marsha	all County Central R	epublican Commit	tee			
Mailing Address (Street, City, State, Zip Code)			Busin	ness Telephone		
1190 11th Rd., Marysville, KS 66508			(785) 556-5700		
CHAIRPERSO	ON					
Name Beth Salmans				Home Telephone (785) 562-9916		
Mailing Address (Street, City, State, Zip Code)				ness Telephone		
1190 11th Rd., Marysville, KS 66508			(785) 556-5700		
TREASURER						
Name			,	Telephone		
Lynn S			(785) 562-2200)	
Mailing Address (Street, City, State, Zip Code) Business Telephone 509 S. 14th, Marysville, KS 66508 ()						
	.,,					
AFFILIATED	OR CONNECTED O	RGANIZATIONS				
Name Not the	at I am aware of.					
Mailing Address (Street, City, State, Zip Code)						
	(=====, ===,	- F ,				
	or affiliated with an org	anization, identify the	e trade, profession, c	or primary interes	t of the contributors.	
Volunteers						
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."						
•	•	nt is a class A misde	emeanor."			
11-21-22	Ver Salmans					
(Date)		(Sig	nature of Chairpers	son)		
Governmental I	Ethics Commission				Rev 2000	