STATEMENT OF ORGANIZATION	
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTE	ES
(See Reverse Side For Instructions)	
This is a (check one) Party Committee Political Action Committee This is an (check one) Initial Statement Amended Statement MAY 16 CON O (UTTEE (D) E A SE TYPE OR DR DIT)	Elver
COMMITTEE (PLEASE TYPE OR PRINT)	2014
COMMITTEE (PLEASE TYPE OR PRINT) MAY 16 Name Name NEMAHA COUNTY REPUBLICAN Committee	cs Commission
Mailing Address (Street, City, State, Zip Code)Business TelephoneZo1 N 57H ST. SEVER MS (66536)785)336-3325	
CHAIRPERSON	
Name RAY SHINN Home Telephone (785) 336-3325	
Mailing Address (Street, City, State, Zip Code) Business Telephone	
ZUIN STH ST. SENER KS 66538 (785) 294-1514	
TREASURER	
Name JACK WILLMETH (785) 336-3521	
Mailing Address (Street, City, State, Zip Code)Business TelephoneSTZSST.SENECAKS6653B(785)336-3788	
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name NONE	
Mailing Address (Street, City, State, Zip Code)	
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the con	
LOCAL BUSINESS PEOPLE + FARMERS IN THE COMMUNITES + COUNTY.	
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 F	Rev.2000