STATEMENT OF ORGANIZATION			
MAY DENDURO	ATE ATE		
ON FORPO	EITICAL ACTION COMMITTE	ES AND PARTY COMMITTEES	
(See Reverse Side For Instructions)			
	This is a (check one) Party Committee	✓ Political Action Committee	
	This is an (check one)	✓ Amended Statement	
COMMITTEE	(PLEASE TYPE OF	DD DTT)	
Nome			
PLUMI	BERS & PIPEFITTERS LOCAL 441 POI	LITICAL ACTION COMMITTEE	
	ss (Street, City, State, Zip Code) ST N, STE 115, WICHITA, KS 67214	Business Telephone (316) 265-4291	
CHAIRPERSC	ON		
Name RICHA	ARD L. TAYLOR	Home Telephone (316) 322-7375	
	ss (Street, City, State, Zip Code) ST N, STE 115, WICHITA, KS 67214	Business Telephone (316) 265-4291	
TREASURER			
Name BILL J.	URTON	Home Telephone (316) 776-0860	
Mailing Address (Street, City, State, Zip Code) 1330 E 1ST ST N, STE 115, WICHITA, KS 67214		Business Telephone (316) 265-4291	
AFFILIATED (OR CONNECTED ORGANIZATIONS		
Name PLUME	BERS & PIPEFITTERS LOCAL UNION #	‡ 441	
Mailing Address (Street, City, State, Zip Code) 1330 E 1ST ST N, STE 115, WICHITA, KS 67214			
		de, profession, or primary interest of the contributors.	
belief is true, co	nis statement has been examined by me and the prect and complete. I understand that the interfiling a false document is a class A misdegree (Signature)	entional failure to file this document	

Governmental Ethics Commission

Rev.2000

STATEMENT OF ORGANIZATION

SFOR P		EES AND PARTY COMMITTEES
	(See Reverse Side Fo	or Instructions)
	This is a (check one) Party Committee	X Political Action Committee
	This is an (check one) Initial Statement	X Amended Statement
COMMITTE	EE (PLEASE TYPE (OR PRINT)
Name		
Kansas	Pipe Trades P.A.C.	
Mailing Addr	ress (Street, City, State, Zip Code)	Business Telephone
1330 E	1st Street, Wichita, KS. 67	214 (316) 265-4291
CHAIRPERS	SON	
Name	4	Home Telephone
	Richard Taylor	(316 322-7375
Mailing Addr	ress (Street, City, State, Zip Code) rs and Pipefitters Local 441	Business Telephone (316) 265-4291
1330 E	1st Street, Wichita, KS. 67	214
TREASURE	R	
Name	Bill Urton	Home Telephone (316) 776-0860
Mailing Addr	ress (Street, City, State, Zip Code)	Business Telephone
	s Chairperson	()
AFFILIATEI	D OR CONNECTED ORGANIZATIONS	
Name	J OIL COLLIDO OILO IL INGLINIOLIS	
	rs and Pipefitters Local 441	
	ress (Street, City, State, Zip Code)	
	s Above	
If not connected	d or affiliated with an organization, identify the	trade, profession, or primary interest of the contributor
	E: t this statement has been examined by me and correct and complete. I understand that the i	
or intentionall	ly filing a false document is a class A misder	A .
(Date)	1, 2005 (Signa	ature of Chairperson)
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