STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

	(See Reverse Side For Instructions)			RECEIVED
	This is a (check one) This is an (check one)	Party Committee Initial Statement	Political Action Committee Amended Statement	JUL 2 7 Z0 0 8
COMMITTEE		(PLEASE TYPE OR P	•	nnienz zanet 49mi
Name				
		UNION LOCAL 5-24		
Mailing Addres	ss (Street, City, State, BOX 1238 EL I ——————	Zip Code) DORADO KS 67042	Business Telephone	
CHAIRPERSO)N			
Name Barry	R. Mohler		Home Telephone (316) 321-02	259
	ss (Street, City, State, BOX 1238 EL DO	Zip Code) ORADO KS 67042	Business Telephone	
TREASURER	·			
Name			Home Telephone	
	el R. Maloney		(316) 321-42	
•	ss (Street, City, State, Box 1238 F.1 Do	•	Business Telephone	
	_			104
	OR CONNECTED O	RGANIZATIONS		
Name				
Mailing Addres	ss (Street, City, State,	Zip Code)		
				·
f not connected o Labor		anization, identify the trade	e, profession, or primary intere	est of the contributo
SIGNATURE:				
"I declare that the belief is true, con	rrect and complete. I	· ·	the best of my knowledge ar tional failure to file this doc or."	
7/16/08 (Date)	?		Of Chairperson)	 .
Fovernmental Et	thics Commission	(3.8	0. 0	Rev.20

10 2004 CTATES CONCASUZATION	
RON THORNBURGH STATE STATEMENT OF ORGANIZATION RON THORNBURGH STATE RON THORNBURGH STA	
(See Reverse Side For Instructions)	
This is a (check one) Party Committee Political Action Committee This is an (check one) Initial Statement Amended Statement	
COMMITTEE (PLEASE TYPE OR PRINT)	
PACE INTERNATIONAL UNION WEAL 5-241 AFL, CIO, CLC	
Mailing Address (Street, City, State, Zip Code) P.o. Box 1238 EL DURADO KS 67042 Business Telephone 316) 321-2409	
CHAIRPERSON	
Name Home Telephone Barry R, Mohler (316) 321 0259	
Mailing Address (Street, City, State, Zip Code) P.O. BOX 1238 FL DORAGO KS 67042 Business Telephone (3:6) 321-2404	
TREASURER	
Name Home Telephone (316)321-4224	
Mailing Address (Street, City, State, Zip Code) P.O. Boy 1238 EL DERAGO KS 67042 Business Telephone 316 321-2404	
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name	
Mailing Address (Street, City, State, Zip Code)	
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contribu	itors

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."

6-9-04 (Date) (Signature of Chairperson)

Governmental Ethics Commission

Rev.2000