SEP 0 8 2010 STATEMENT OF ORGANIZATION
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES
(See Reverse Side For Instructions)
This is a (check one)  Party Committee  Amended Statement  Party Committee  This is an (check one)  Initial Statement
COMMITTEE (PLEASE TYPE OR PRINT)
Name Teachers of Sunflower PAC
Mailing Address (Street, City, State, Zip Code)  715 W, 10th Topeka, KS Wolson Business Telephone 715 W, 10th Topeka, KS Wolson 785) 232 - 8271
CHAIRPERSON
Name Jana Wilkerson Home Telephone (913) 294-4370
Mailing Address (Street, City, State, Zip Code)  One Grandview Dr Paola, KS 66071  Business Telephone  (913) 837-1861
TREASURER
Name Laura Caillouet-Weiner (620) 365-7935
Mailing Address (Street, City, State, Zip Code)  Business Telephone  602 North St Tola, K 5 66749 (610) 365 - 4840
AFFILIATED OR CONNECTED ORGANIZATIONS
Name Prairie Fire Uni Serv / Sunflower Uni Serv
Mailing Address (Street, City, State, Zip Code) 715 W. 10th Topeka, KS 66612
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.
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) (Date) (Date) (Date) (Date) (Date)
Governmental Ethics Commission (Signature of Chairperson)  Rev.2000



Together: Making Public Schools Great For Every Child

Teachers of Surfower PAC Name Change!

Laura Caillouet-Weiner

New Address as of 2-1-10;

1410 Elm P.O. Box 27 Humboldt, Kansas 66748

Home Phone: 620-473-3899 Cell Phone: 620-496-8101

## Six Rivers UniServ District

Steve Lopes, Director Donna Cook, Administrative Assistant (800) 545-4854 **sixriversaa@hometc.com** 

STATEMENT OF ORGANIZATION TICAL ACTION COMMITTEES AND PARTY COMMITTEES (See Reverse Side For Instructions) Party Committee Political Action Committee This is a (check one) This is an (check one) Initial Statement Amended Statement mmental Ethics Commis 109 WEST 9TH STREET OPEKA, KANSAS 56612 COMMITTEE (PLEASE TYPE OR PRINT) Teachers of Sunflower Pac Mailing Address (Street, City, State, Lip Cour, F. C. Box 447, 4015, Main, Suite 10, Ottawa, KS 66067-0447 Business Telephone (7.85) 242-5550 CHAIRPERSON Name Home Telephone (785) 242-5385 Darrell McCine Mailing Address (Street, City, State, Zip Code) Business Telephone (785) 869-3355 ext. 325 Ottowa KS 66067 TREASURER Name Home Telephone Laura Caillouet (620)365-7935 Mailing Address (Street, City, State, Zip Code) Business Telephone 802 N. St. Iola, KS 66749 (620)365-4840 AFFILIATED OR CONNECTED ORGANIZATIONS Prairie Fire UniServ and Six Rivers UniServ Mailing Address (Street, City, State, Zip Code) P.O. Box 447, 401 S. Main, Suite 10, Ottawa, KS 66067-0447 If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors. 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

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