STATEMENT OF ORGANIZATION

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	This is an (check one)	Initial Statement		l Statement	
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	s (Street, City, State, Zip (Martindale Dr. Shin				
CHAIRPERSO	N				ā.
Name Styl	en Shote		Home Telepl (35c)5		
Mailing Address	s (Street, City, State, Zip (Code). Coudnar KS 66030	Business Tele	phone	
TREASURER				·	<u> </u>
Name M. Suzi	e Honeyman CPA	<u> </u>	Home Teleph	none <u>ಒ. </u>	
Mailing Address	S (Street, City, State, Zip (Code). 1 Par ICS 61213	Business Telep		
AFFILIATED (OR CONNECTED ORGA	ANIZATIONS			
Name Hopef	or America Coditi	>^) .	
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	r affiliated with an organiz	•	profession, or prim	ary interest of the	contributors
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9-21-26/1 (Date)	<u> </u>	(Signature of	Chairperson)	···	:
Sovernmental Ethi	ica Commission				Pay 2000

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STATEMENT OF ORGANIZATION

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FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES								
(See Reverse Side For Instructions)								
This is a (check one) Party Committee Political Action Committee								
	This is an (check one)	Initial Statement	Amend	led Statement				
COMMITTEE (PLEASE TYPE OR PRINT)								
Name Hope f	or America PAC							
	ss (Street, City, State, Z			siness Telephone 2) 585-2246				
CHAIRPERSC)N							
Name Stephe	en Shute	· .	Hon (35	ne Telephone 52) 585-2246				
	ss (Street, City, State, 2 more Ct, Gardner, KS		Bu (91	siness Telephone 3) 895-2888				
TREASURER	,							
Name M. Suz	ie Honeyman CPA		Hon (91	ne Telephone 3 209-9901				
Mailing Addres	ss (Street, City, State, 2 28th PI, Overland Pa	Zip Code) rk, KS 66213	Bu (siness Telephone)				
AFFILIATED (OR CONNECTED OR	GANIZATIONS			······································			
Name Hope fo	or America Coalition							
1 -	s (Street, City, State, 2 th Street Pkwy, Suite		66215					
If not connected o	r affiliated with an organ	nization identify the tra	ide, profession	or primary interest of	the contributors			
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Governmental Et	hics Commission			,	Rev.2000			