STATEMENT OF ORGANIZATION	RECEIVED
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTE	
(See Reverse Side For Instructions)	
This is a (check one)Party CommitteePolitical Action CommitteeThis is an (check one)Initial StatementAmended Statement	
COMMITTEE (PLEASE TYPE OR PRINT)	
Name Ark Valley Educational Employee PAC Mailing Address (Street, City, State, Zip Code) Business Telephone Box 470 ill N. Main Lindsberg, KS 67436(785) 227-877	3
CHAIRPERSON	
Name Home Telephone (620) 960-4145	-
Mailing Address (Street, City, State, Zip Code) 1411 Wood lawn St, Hutchinson, KS 67361 (620) 662-457	
TREASURER Reno Valley Middle	scheal
Name Home Telephone	
<u>Connie Shea</u> (620) 543-233	29
Mailing Address (Street, City, State, Zip Code) <u>4303 E. 95 ¹⁰ Hutchinson, KS 67502 (620) 422 - 322</u>	26
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name Kansas National Education Associat Mailing Address (Street, City, State, Zip Code) 715 W. 10th St., Topeka, Kansas 66615	ion
Mailing Address (Street, City, State, Zip Code)	
113 W. 10th St., lopeka, Kansas 66610	<u> </u>
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the cor	ıtributors.
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." $\frac{7-2-13}{(Date)}$ (Signature of Chairperson)	
Governmental Ethics Commission	Rev.2000

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STATEMENT OF ORGANIZATION		
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES		
(See Reverse Side For Instructions)		
This is a (check one) Party Committee X Political Action Committee J_{UN}		
(See Reverse Side For Instructions)		
This is an (check one) Initial Statement X Amended Statement V COMMITTEE (PLEASE TYPE OR PRINT)		
Name		
Ark Valley Educational Employees Political Action Committee		
Mailing Address (Street, City, State, Zip Code)Business Telephone111 N. Main, Lindsborg, Ks., 67456(785) 227-8773		
CHAIRPERSON		
Name Home Telephone		
Betty Halderman (620) 285-3629		
Mailing Address (Street, City, State, Zip Code)Business Telephone1011 Kansas St., Larned, Ks. 67550(620_)285-3181		
TREASURER		
NameHome TelephoneConnie Shea(620) 543-2329		
Mailing Address (Street, City, State, Zip Code)Business Telephone4303 E. 95th, Hutchinson, Ks.67502(620)422-3226		
AFFILIATED OR CONNECTED ORGANIZATIONS Name		
Kansas National Education Association		
Mailing Address (Street, City, State, Zip Code)		
715 W. 10th St., Topeka, Kansas 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."		
June 15, 2012 Betty a. Halderman (Date) (Signature of Chairperson)		
Governmental Ethics Commission Rev.2000		

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STATEMENT OF ORGANIZATION		
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES		
	ide For Instructions)	
This is a (check one) Party Com	mittee Political Action Committee	
This is an (check one) Initial Stat	tement Amended Statement	
COMMITTEE (PLEASE TY	YPE OR PRINT)	
Name 11 5 4 $0 < 1$	DNC.	
Ark lalley Educational Employ		
Mailing Address (Street, City, State, Zip Code) P.O. Box 1616	Business Telephone (620) 227 - 8516	
CHAIRPERSON		
	Hama Talanhana	
Name	Home Telephone ()	
Mailing Address (Street, City, State, Zip Code)	Business Telephone ()	
TREASURER		
Name Connie M. Shea	Home Telephone (6 20) 543- 2329	
Mailing Address (Street, City, State, Zip Code) 4303 E. 95th Ave	Business Telephone (620)422-3226	
Hutchinson, KS 67502	Nickerson High School	
AFFILIATED OR CONNECTED ORGANIZATIO		
Name		
Mailing Address (Street, City, State, Zip Code)		
If not connected or affiliated with an organization, identi	fy the trade, profession, or primary interest of the contributors.	
SIGNATURE:		
"I declare that this statement has been examined by r	ne and to the best of my knowledge and	
belief is true, correct and complete. I understand that		
or intentionally filing a false document is a class A n	nisdemeanor."	
1 - 6 - 10	muer M. Shea	
(Date)	(Signature of Chairperson)	
Governmental Ethics Commission	(Signature of Chairperson) Treasured Rev.2000	

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