STATEMENT OF ORGANIZATION		
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITT	EES	
(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 Emporia Education Association PAC		
Mailing Address (Street, City, State, Zip Code)Business Telephone1884 Road R, Emporia, KS 66801(620) 341-2328		
CHAIRPERSON		
NameHome TelephoneErica Huggard(620) 366-0426		
Mailing Address (Street, City, State, Zip Code)Business Telephone1821 rd 330, Reading, KS 668(620) 341-2365		
TREASURER		
NameHome TelephoneEleanor Browning(620)342-3750		
Mailing Address (Street, City, State, Zip Code)Business Telephone1884 Road R, Emporia, KS 66801(620)341-2328		
AFFILIATED OR CONNECTED ORGANIZATIONS		
Name Emporia -National Education Association		
Mailing Address (Street, City, State, Zip Code) 19 Constitution, Emporia, KS 66801		
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the c	ontributors.	
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."		
10-24-12 (Datc) (Signature of Chairperson)		
Governmental Ethics Commission	Rev.2000	

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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 Amended Statement
	COMMITTEE (PLEASE TYPE OR PRINT)
	Name Emporta Education PAC
	Mailing Address (Street, Çity, State, Zip Code) Business Telephone
	617 State Emporicks (600) 342-3272
	CHAIRPERSON
	Name Home Telephone
	Koberta Shater (3620) 342-5310
	Mailing Address (Street, City, State, Zip Code) Business Telephone
	1920 Neosho Empriales 6680) ()
	TREASURER
	Name Shelly Lutes. (U20) 342-3272
	Mailing Address (Street, City, State, Zip Code) Business Telephone
	12[7 State Emporin K36680] ()
	AFFILIATED OR CONNECTED ORGANIZATIONS
	Name
ļ	
	Mailing Address (Street, City, State, Zip Code)
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1	If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.
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	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."
	8-28-DR CARA
	(Date) (Signature of Charperson)
	Governmental Ethics Commission Rev.2000