STATEMENT OF ORGANIZATION

RECEIVED

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES.

_		(See Reverse Side For	Instructi	ons) KS Gove	ernmental Ethics Commission
	This is a (check one)	Party Committee	Z Po	olitical Action Committee	Commencer Edities Commission
	This is an (check one)	Initial Statement	A	Amended Statement	
					
COMMITTEE		(PLEASE TYPE OF	R PRINT		
Name I	IFF Local	135 Fier	Piac		
Mailing Addre	ss (Street, City, State,	Zip Code)		Business Telephone	,651
CHAIRPERSC	N				
Name MAH	thew Schu	lte		Home Telephone (3iし)し44‐64	06
Mailing Address (Street, City, State, Zip Code) Business Telephone 347 Quail Run Ct. Andorse KS 61002 (316) 263-6651					
TREASURER					
Name Tim	1 CARR			Home Telephone (316) 641-9	922
	ss (Street, City, State, St. FRANCI'S L		102	Business Telephone	551
AFFILIATED (OR CONNECTED O	RGANIZATIONS			
Name					
Mailing Addres	es (Street, City, State,	Zip Code)	-	· ·	
If not connected o	r affiliated with an orga	nization, identify the tra	ide, profe	ssion, or primary interest	of the contributors.
SIGNATURE:		·			
"I declare that th		•		at of my knowledge and failure to file this documents	
	=	t is a class A misdeme		randre to the this docum	Hent
-	•	MA	AL	100 li	
7-20-/ (Date)		(Signat	ire of Ch	airperson)	
Governmental Et	hics Commission				Rev.2000

STATEMENT OF ORGANIZATION

JUL 25 2011

KS Governmental denice Commis	
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 LAff Local 135 Firefac	
Mailing Address (Street, City, State, Zip Code) 428 N. St Francis Business Telephone (316) 263-6657	
CHAIRPERSON	_
Name Rocky Bungarner (316) 650 1460	
Mailing Address (Street, City, State, Zip Code) 318 5. 4 Mulan 15.6 (316) 263-6651	
TREASURER	
Name Home Telephone (3(6) 685-4731	
Mailing Address (Street, City, State, Zip Code) Business Telephone 316) 263-6651	
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 contribute of the contribu	ors.
SIGNATURE:	_
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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)	
Governmental Ethics Commission Rev.20	000