STATEMENT OF ORGAN	IZATION
FOR POLITICAL ACTION COMMITTEES A	
FOR POLITICAL ACTION COMMITTEES A	
(See Reverse Side For Instruc	tions) RECEIVED
This is a (check one) Arty Committee	Political Action Committee IEU 232011
This is an (check one) Initial Statement	Amended Statement KS Gruppin 1800 guilde Commiss
COMMITTEE (PLEASE TYPE OR PRIN	
Name	
Kansas Democratic Hispanic	Caucus
Mailing Address (Street, City, State, Zip Code) P.O. BOK 1914, Topcka KS Islad	Business Telephone 1(785)234 - 0425
CHAIRPERSON	· · ·
Name LaLo Muñoz	Home Telephone $(785)$ 234 - 0425
Mailing Address (Street, City, State, Zip Code) PO Bun 1914, TopeKa, KS 66601	Business Telephone
TREASURER	<u> </u>
Name Lalo Muñoz	Home Telephone (785) 234 - 0425
Mailing Address (Street, City, State, Zip Code) PO_BOX_1914_TODEK9_KS_6660[	Business Telephone ( )
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name Kansas Democratic Party	
Name Kansas Dimocratic Party Mailing Address (Street, City, State, Zip Code) PD Box 1914, Topeka, KS 6660	)
If not connected or affiliated with an organization, identify the trade, pro-	
SIGNATURE: "I declare that this statement has been examined by me and to the b	, - 1
belief is true, correct and complete. I understand that the intentional or intentionally filing a false document is a class A misdemeanor."	al failure to file this document
<u>12/23/2011</u> (Date) (Signature of C	1/ funio
Governmental Ethics Commission	Rev.2000

at many and the second s	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
COMMIT	TTEE (PLEASE TYPE OR PRINT)
Name K	
Mailing A	Address (Street, City, State, Zip Code) 1 Mitsouri St Lawrence KS (785) 841-9742
700	1 Missouri St Lawrence KS (785) 84/-974 L
CHAIRPI	ERSON
Name (	Fuadelape Remirez ()
	Address (Street, City, State, Zip Code) Missouri St Lawmence KS 66044 (785) 841-9742
TREASU	RER
Name S	A Home Telephone
Mailing A	Address (Street, City, State, Zip Code) Business Telephone
AFFILIA	TED OR CONNECTED ORGANIZATIONS
Name	
Mailing A	ddress (Street, City, State, Zip Code)
lf not conne	cted or affiliated with an organization, identify the trade, profession, or primary interest of the contribution

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