STATEMENT OF ORGANIZATION FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES (See Reverse Side For Instructions) This is a (check one) Party Committee Political Action Committee This is a (check one) Party Committee Political Action Committee This is a (check one) Initial Statement Amended Statement JUL 2 8 2014 JUL 2 8 2014 COMMITTEE (PLEASE TYPE OR PRINT) Name Charlot (a Andersson - LEA President Mailing Address (Street, City, State, Zip Code) Business Telephone Mailing Address (Street, City, State, Zip Code) Business Telephone Name Lawrence Education from the phone The phone Mailing Address (Street, City, State, Zip Code) Business Telephone Mailing Address (Street, City, State, Zip Code) Business Telephone Mailing Address (Street, City, State, Zip Code) Business Telephone Mailing Address (Street, City, State, Zip Code) Business Telephone Mailing Address (Street, City, State, Zip Code) Business Telephone Mailing Address (Street, City, State, Zip Code) Business Telephone Mailing Address (Street, City, State, Zip Code)				
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This is a (check one)Party CommitteePolitical Action CommitteeThis is an (check one)Initial StatementAmended StatementCOMMITTEE(PLEASE TYPE OR PRINT)NameCharloffa AndersonMailing Address (Street, City, State, Zip Code)Business TelephoneImage: Address (Street, City, State, Zip Code)Business TelephoneMailing Address (Street, City, State, Zip Code)CellNameCall Call Cafton Hear IPR (785) 330-1430CHAIRPERSONCellMailing Address (Street, City, State, Zip Code)Business TelephoneMailing Address (Street, City, State, Zip Code)AFFILIATED OR CONNECTED ORGANIZATIONSMailing Address (Street, City, State, Zip Code)EA - (OCCALMailing Address (Street, City, State, Zip Code)EA - (OCCALMailing Address (Street, City, State, Zip Code)EA - (OCC	FOR PC	DLITICAL ACTION COMN	AITTEES AND PARTY COM	IMITTEES
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Imarlof La Andresson - LEA President Mailing Address (Street, City, State, Zip Code) Business Telephone Mailing Address (Street, City, State, Zip Code) Cell Name Call Pence Mailing Address (Street, City, State, Zip Code) Business Telephone Mailing Address (Street, City, State, Zip Code) Business Telephone Mailing Address (Street, City, State, Zip Code) Business Telephone Mailing Address (Street, City, State, Zip Code) Business Telephone Mailing Address (Street, City, State, Zip Code) Business Telephone Mailing Address (Street, City, State, Zip Code) Business Telephone Mailing Address (Street, City, State, Zip Code) Business Telephone Mailing Address (Street, City, State, Zip Code) Business Telephone Mailing Address (Street, City, State, Zip Code) Business Telephone Mailing Address (Street, City, State, Zip Code) Business Telephone Mailing Address (Street, City, State, Zip Code) Business Telephone Mailing Address (Street, City, State, Zip Code) Business Telephone Mailing Address (Street, City, State, Zip Code) 15 SW 10 th Ave	COMMITTE	E (PLEASE ?	TYPE OR PRINT)	KRIS W KOEAC SECRETARY OF ST
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Name John Bode Home Telephone Mailing Address (Street, City, State, Zip Code) Business Telephone DREWGONC SCHOOL AFFILIATED OR CONNECTED ORGANIZATIONS Name KNEA - State LEA - (OCCL Mailing Address (Street, City, State, Zip Code) 115 SW 10th Ave Topoka KS Web/Z			Business Telephone	
Sohn bode () Mailing Address (Street, City, State, Zip Code) Business Telephone DECU YONC School AFFILIATED OR CONNECTED ORGANIZATIONS Name KNER - State LEA - (OCC) Mailing Address (Street, City, State, Zip Code) 115 SW 10th Ave Topka KS 6002	TREASURER	<u>.</u>		
AFFILIATED OR CONNECTED ORGANIZATIONS Name KNER - State LEA - (occul Mailing Address (Street, City, State, Zip Code) 115 SW 10th Ave Topoka KS Gudelz	Name Jo	hn Bode	Home Telephone ()	· .
Name KNER-State LER-local Mailing Address (Street, City, State. Zip Code) 115 SW 10th Ave Topuka KS Gedelz			Business Telephone	-5000
Mailing Address (Street, City, State, Zip Code) 115 SW 10th Ave Topuka KS GudelZ	AFFILIATED	V OR CONNECTED ORGANIZATI(DNS	
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		this statement has been examined by	• •	
"I declare that this statement has been examined by me and to the best of my knowledge and		-		
	<u>] [8] 2</u> (Date)	<u>1014</u>	(Signature of Chairperson)	<u></u>
"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." $\frac{1}{182014}$	Governmental F	Ethics Commission		Rev.2000
"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." $\frac{1}{(Date)}$				

STATEMENT OF ORGANIZATION
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES
(See Reverse Side For Instructions) KS Governmental Enuce Commission
This is a (check one)Party CommitteePolitical Action CommitteeThis is an (check one)Initial StatementAmended Statement
COMMITTEE (PLEASE TYPE OR PRINT)
Name Lawrence Teachers Association Political Action
Mailing Address (Street. City. State, Zip Code) 1530 New Hamp, hire St. Lawrence (3237555 330-164)
CHAIRPERSON
Name John Bode Home Telephone (785) 843-8571
Mailing Address (Street, City, State, Zip Code) 1530Nen Hampshire St. Lawrence KS 66044 (785) 330 - 1641
TREASURER
Name John Body (78) 843-8511
Mailing Address (Street, City, State, Zip Code) 1530 New Hampshill St., Lawrenge KS66044 (785) 330-1641
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 contributors. <u>Jeachers of the Lawrence Public Schools</u> , USD 497, <u>and other employees who contribute through LEA</u>
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."
Governmental Ethics Commission Rev.2000