	FILED
STATEMENT OF ORGANIZATION	JUN 23 2014
FOR POLITICAL ACTION COMMITTEES AND PARTY CO	IVLISECRETARE OF STATE
(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 South Central Kansas NEA Educator PAC	<u> </u>
Mailing Address (Street, City, State, Zip Code)	ie
Mailing Address (Street, City, State, Zip Code) 67207-1703 Business Telephon 7701 Eest Kellogg Drive, Suite 880, Wichita KS (316) 685-	-2397
CHAIRPERSON	
Name Home Telephone] [
Shelley Addis (316)788.	- 4567
Mailing Address (Street, City, State, Zip Code) Business Telephon	
706 North Briggwood Road, Derby KS 67037 (316) 685-	2397
TREASURER	
Name Home Telephone	
Debra Helberg (316) 772-	0226
Mailing Address (Street, City, State, Zip Code) 67135 Business Telephon	
1717 West 12555 North, Sedguide KS (316)284-0	5280, Ext 2129
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name Kansas NEA	
Mailing Address (Street, City, State, Zip Code)	
715 5W 10 Ave., Topeka, KS 66612-1686	
<u> </u>	
If not connected or affiliated with an organization, identify the trade, profession, or primary inter-	rest of the contributors.
· · · · · · · · · · · · · · · · · · ·	
SIGNATURE:	
"I declare that this statement has been examined by me and to the best of my knowledge a belief is true, correct and complete. I understand that the intentional failure to file this do	
or intentionally filing a false document is a class A misdemeanor."	
G-20-14 Ripplines	
(Date) (Signature of Chairperson)	[
Governmental Ethics Commission	Rev.2000

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	STAT	EMENT OF OR	GANIZATION		
FOR POL	ITICAL ACTIO	ON COMMITTE	ES AND PARTY COMMIT	ITEES	
(See Reverse Side For Instructions)					
Т	his is a (check one)	Party Committee	Political Action Committee		
T	his is an (check one)	Initial Statement	Amended Statement		
COMMITTEE		(PLEASE TYPE O	R PRINT)		
Name S. +		NSA	Educator Political Action	C	
Mailing Address	(Street, City, State, 7	Zip Code) 👘 🖌 🗸	クローフ Business Telephone		
7701 East	E Kellogg, Si	ite 880 Will	Laks(316)685-239	7	
CHAIRPERSON	Ū				
Name			Home Telephone		
Shelle	y Addis		(316)788-4567	7	
Mailing Address	(Street, City, State, Z	Zip Code)	Business Telephone 67207 (316) 685-239	7	
TTO Gast	Nell Bog, Suite	COUP WICHTER AS		<u> </u>	
TREASURER					
Name	Hellore		Home Telephone (316)772-0226	<u> </u>	
Mailing Address	(Street, City, State, 2	Zip Code)	Business Telephone	<u>, </u>	
1717 West		t North, Sachwide,	KS (316)284-6280,2	<u>xt 2/29</u>	
AFFILIATED O	R CONNECTED OF	GANIZATIONS			
Name					
Kansas					
,	(Street, City, State, 2	Lip Code) . <u>Topeka, KS</u>	1111	· · · · ·	
		<u>, 100 ERU, N3</u>			
If not connected or a	affiliated with an orga	nization, identify the tr	ade, profession, or primary interest of the	ne contributors.	
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SIGNATURE:					
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belief is true, corre	ect and complete. I	understand that the in	tentional failure to file this document	JUI	
or intentionally fil	ling a false documen	t is a class A mistem		UL 25 2012	
7-20-12		auc	Shildans -	SECRETARY OF STATE	
(Date)		(Signa	ture of Chairperson)		
Governmental Eth	ics Commission		· · · · · · · · · · · · · · · · · · ·	Rev.2000	

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