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STATEMENT OF ORGANIZATION JUL 0 5 201	1
JUL 0 6 2011 STATEMENT OF ORGANIZATION JUL 0 5 201	
JUL 0.6 2011 STATEMENT OF ORGANIZATION JUL 0.5 201 FOR POLITICAL ACTION COMMITTEES AND PARTY	E
(See Reverse Side For Instructions)	
This is a (check one) Party Committee X Political Action Committee	٠
This is an (check one) Initial Statement X Amended Statement	
COMMITTEE (PLEASE TYPE OR PRINT)	
Name	
UniServ District 114 Teachers Political Action Committee	_
Mailing Address (Street, City, State, Zip Code) P.O. Box 470, Lindsborg, Kansas 67456 (785) 227-3510	
CHAIRPERSON	
Name Home Telephone	\neg
Mary Kay Lindh (785) 546-2537	_
Mailing Address (Street, City, State, Zip Code) Business Telephone 276 Wheatridge Rd., Marquette, Ks. 67464 785) 546-2275	
TREASURER	
Name Home Telephone	
Debra L. Myers (785)227-2298	_
Mailing Address (Street, City, State, Zip Code) P.O. Box 470, Lindsborg, Ks. 67456 Business Telephone (785) 227-3510	
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name	
Kansas National Education Association	
Mailing Address (Street, City, State, Zip Code)	
Mailing Address (Street, City, State, Zip Code)	
	ors.
715 W. 10th St., Topeka, Kansas 66612	ors.
715 W. 10th St., Topeka, Kansas 66612 If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributo	ors.
715 W. 10th St., Topeka, Kansas 66612 If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contribute SIGNATURE:	ors.
715 W. 10th St., Topeka, Kansas 66612 If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors SIGNATURE: "I declare that this statement has been examined by me and to the best of my knowledge and	ors.
715 W. 10th St., Topeka, Kansas 66612 If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contribute SIGNATURE:	ors.
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors. 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	ors.

Governmental Ethics Commission

Rev.2000