## STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES RECEIVED (See Reverse Side For Instructions) OCT 2 0 2014 This is a (check one) Party Committee Political Action Committee Amended Statement KS Governmental Ethics Commission This is an (check one) Initial Statement **COMMITTEE** (PLEASE TYPE OR PRINT)  ${
m Name}$  Wichita/Hutchinson Labor Federation C.O.P.E. Mailing Address (Street, City, State, Zip Code) Business Telephone 3219 W. Central, Wichita, KS 67203 ) 941-4061 (316 **CHAIRPERSON** Name Home Telephone Judy Pierce ) 524-5489 (316 Mailing Address (Street, City, State, Zip Code) Business Telephone 3219 W. Central, Wichita, KS 67203 (316 941-4061 TREASURER Name Home Telephone (316 640-5784 Randy Mousley Mailing Address (Street, City, State, Zip Code) Business Telephone 3219 W. Central, Wichita, KS 67203 941-4061 (316 AFFILIATED OR CONNECTED ORGANIZATIONS Name Wichita/Hutchinson Labor Federation Mailing Address (Street, City, State, Zip Code) 3219 W. Central, Wichita, KS 67203 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 or intentionally filing a false document is a class A misdemeanor." (Signature of Chairperson)

Rev.2000

Governmental Ethics Commission

## STATEMENT OF ORGANIZATION

## FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

| (See Reverse Side For Instructions) |                          |   |           |                               |                 | RECEIVED                           |          |
|-------------------------------------|--------------------------|---|-----------|-------------------------------|-----------------|------------------------------------|----------|
| Γ                                   | This is a (check one)    | Party Committee                                 | $\square$ | Political Action Committee    | ]               | JUN 2 7 2014                       |          |
|                                     | This is an (check one)   | Initial Statement                               | $\square$ | Amended Statement             |                 |                                    |          |
| _                                   |                          |   |           |                               | • [             | KRIS W. KOBACH<br>SECRETARY OF STA | I<br>ITE |
| COMMITTEE                           |                          | (PLEASE TYPE OF                                 | R PRI     | NT)                           |                 |                                    |          |
| Name Un ta                          | Hutchi                   | 1500 LAbor                                      | r Fe      | DerAtion C                    | つ<br><u>- (</u> | D.P.E                              |          |
| Mailing Addres                      | s (Street, City, State,  | Zip Code)                                       | 1 7       | Business Telephone            | 3               |                                    |          |
| CHAIRPERSO                          | N                        |   |           | 316-941-                      | 4               | 061                                |          |
| Name                                | Pierce                   |   |           | Home Telephone (3/6) 524      | - 4             | 5489                               |          |
| Mailing Addres                      | s (Street, City, State,  | Zip Code) 677                                   | 03        | Business Telephone (          | 0               | 0-7169                             |          |
| TREASURER                           |                          |   |           |                               |                 |                                    |          |
| Name<br>KAND                        | y Moust                  | ev  |           | Home Telephone                |                 |                                    |          |
| Mailing Addres                      | S(Street, City, State,   | Zip Code) 67-2<br>41, WICh +A                   | 203       | Business Telephone (316) 262  | 9               | 7/7/                               |          |
| AFFILIATED (                        | OR CONNECTED O           | RGANIZATIONS                                    |           |                               |                 |                                    |          |
| Name                                |                          |   |           |                               | _               |                                    |          |
| Mailing Addres                      | s (Street, City, State,  | Zip Code)                                       |           |                               |                 |                                    |          |
| If not connected or                 | r affiliated with an org | anization, identify the tra                     | ade, pro  | ofession, or primary interes  | t of            | the contributors.                  |          |
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|                                     |                          |   |           | best of my knowledge and      |                 |                                    |          |
|                                     | -                        | understand that the int nt is a class A misdeme |           | nal failure to file this docu | me              | nt                                 |          |
| 6/25/14                             | ,<br>/                   |   | di        | s Pierce C                    | m               | $\widehat{n}$                      |          |
| (Date)                              | _                        | (Signati  | ure of    | Chairperson) (                | <i>[</i> ]      | /                                  |          |
| Governmental Et                     | thics Commission         | J   |           |                               |                 | Rev.2000                           |          |

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| FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES COM   | التيمامية<br>التيمامات |
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| (See Reverse Side For Instructions)  AUG 15211  This is a (check one)  Party Committee  Political Action Committee  This is an (check one)  Initial Statement  Amended Statement |                        |
| This is an (check one) Initial Statement Amended Statement   | indesement             |
| OC O CONTROL OF PLAN STOP OF PURPLE  |                        |
| Name Wichtal Hutchinson Labor Fed COPE   | •                      |
| Mailing Address (Street, City, State, Zip Code), Business Telephone,   |                        |
| 3219 W. Contrad Wich + A (3/6) 941-406   |                        |
| CHAIRPERSON 67203  |                        |
| Name Home Telephone  |                        |
| Mailing Address (Street, City, State, Zip Code)  Business Telephone  Business Telephone  |                        |
| 3219 10. Contral, Wichita (316) 522-1591   |                        |
| TREASURER 67703  |                        |
| Name Roger Stamback (316) 259-7692   |                        |
| Mailing Address (Street, City, State, Zip Code)  Business Telephone  Business Telephone  Business Telephone  |                        |
|  |                        |
| AFFILIATED OR CONNECTED ORGANIZATIONS  Name  |                        |
| Wichta/Hutchinson (Abor Foderation   | ·                      |
| Mailing Address (Street, City, State, Zip Code) 3219 W. Central, Wichita, KS 107203  |                        |
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| (Date) (Signature of Chairperson)  |                        |
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