## FILED

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KRIS W. KOBACH SECRETARY OF STATE

SECRETARY OF STATE 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 an (check one) Initial Statement Amended Statement
COMMITTEE (PLEASE TYPE OR PRINT)
Name HEARTLAND APARTMENT POLITICAL ACTION COMMITTEE
Mailing Address (Street, City, State, Zip Code)  Business Telephone  P.O. BOX 30097, KANSAS CITY, HOGHIEL 816, 561-9958
CHAIRPERSON
Name
Mailing Address (Street, City, State, Zip Code)  8460 Nieman Ro. Leineka, KS 66214 (913) 894-6336
TREASURER
Name Home Telephone (816) 361-8723
Mailing Address (Street, City, State, Zip Code)  Business Telephone  P.O. BOX 30097, KANSAS CITY, MO 64117 (816) 561-9958
AFFILIATED OR CONNECTED ORGANIZATIONS
Name HEARTLAND APARTMENT ASSOCIATION
Mailing Address (Street, City, State, Zip Code) P.O. BOX 30077, KANSAS CITY, MO-64112
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.  ANY AND ALL CIRCUMSTANCES DIRECTLY OR INDIRECTLY  AFFECTING DUNERS AND OPERATORS OF RENTAL HOUSING
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."
(Date) (Signature of Chairperson)

Governmental Ethics Commission

Rev.2000