STATEMENT OF ORGANIZATION		
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITT	EESVED	
(See Reverse Side For Instructions) Jl This is a (check one) Party Committee Political Action Committee This is an (check one) Initial Statement Amended Statement	JN 2-72011 Main control V	mmiesica
COMMITTEE (PLEASE TYPE OR PRINT)		
Name ALERA KC Regional KANSINS For Life	Pac	
Mailing Address (Street, City, State, Zip Code), Business Telephone 1808 FOSTER O.P. KS (26204 (913) 0425	7433	
CHAIRPERSON		
Name CATHLEEN MCDONNELL Home Telephone (213) 661069	95	
Mailing Address (Street, City, State, Zip Code) 12918 Carterbury Leaword KS (9) NA 66209		
TREASURER 66209		
Name Mecanie Bacon Home Telephone (9/3) 660-03	392	~
$\begin{array}{c c} \mbox{Mailing Address (Street, City, State, Zip Code)} & \mbox{Business Telephone} \\ 14183 & \mbox{Missiness Telephone} \\ \mbox{Mailing Address (Street, City, State, Zip Code)} & \mbox{Business Telephone} \\ \mbox{Higher} \\ $	\mathcal{O}	
AFFILIATED OR CONNECTED ORGANIZATIONS		
Name KANSAS City REGIOVAL KANSANS FOR	'LiFe	Inte
Name KANJAS CITY REGIOVAL KANJANS FOV Mailing Address (Street, City, State, Zip Code) 7808 FOSTERS O.P.KS 66204		
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the c	ontributors.	
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."		
<u>(Date)</u> (Date) (Date) (Signature of Chairperson)	/	
Governmental Ethics Commission	Rev.2000	