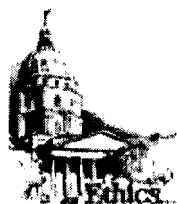


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**Campaign Finance
Statement of Organization
For Political Action Committees
And Party Committees**

Governmental Ethics Commission
109 W. 9th, Suite 504
Topeka, KS 66612
Phone (785) 296-4219
Fax (785) 296-2548
www.kansas.gov/ethics

This is a (Check one) ☐ Party Committee ☒ PAC

This is an (Check one) ☒ Initial Appointment ☐ Amended Statement

Committee Name: **Johnson County Educators PAC**

Address: **P.O. Box 15143**

Address2:

City: **Lenexa** State: **KS** Zip: **66285**

Business Phone:

Email Address:

Chairperson Name: **Barbara Casey**

Address: **6449 W. 125th St**

Address2:

City: **Overland Park** State: **KS** Zip: **66209**

Home Telephone: Business Phone:

Email Address: **caseyclanop@aol.com**

Treasurer Name: **Louis Joshua Greaves**

Address: **5706 Westgate St**

Address2:

City: **Shawnee** State: **KS** Zip: **66216**

Home Telephone: Business Phone:

Email Address: **whitey67209@yahoo.com**

Affiliated or Name:

Connected Address:

Organizations Address2:

City: State: Zip:

If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

Public Education

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.

Executed on:

Date: **10/16/2014 8:12:05 PM** Signature of Chairperson: **Barbara Casey**

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STATEMENT OF ORGANIZATION
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

FILED

AUG 18 2014

KRIS W. KOBACH
SECRETARY OF STATE

(See Reverse Side For Instructions)

This is a (check one)	<input type="checkbox"/> Party Committee	<input checked="" type="checkbox"/> Political Action Committee
This is an (check one)	<input type="checkbox"/> Initial Statement	<input type="checkbox"/> Amended Statement

RECEIVED

AUG 18 2014

KRIS W. KOBACH
SECRETARY OF STATE

COMMITTEE (PLEASE TYPE OR PRINT)

Name	Johnson County Educators PAC (JOE PAC)		
Mailing Address (Street, City, State, Zip Code)	P.O. Box 15143 Lenexa, KS 66285		Business Telephone ()

CHAIRPERSON

Name	Barbara Casey		Home Telephone (913) 485-6783
Mailing Address (Street, City, State, Zip Code)	6449 W. 125th St. Overland Park, KS 66209		Business Telephone ()

TREASURER

Name	Louis Joshua Greaves		Home Telephone (913) 956-8335
Mailing Address (Street, City, State, Zip Code)	5706 Westgate St Shawnee, KS 66216		Business Telephone ()

AFFILIATED OR CONNECTED ORGANIZATIONS

Name	— Ø —		
Mailing Address (Street, City, State, Zip Code)			

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."

8-5-14
(Date)

Barbara C. Casey
(Signature of Chairperson)

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

RECEIVED

AUG 06 2013

(See Reverse Side For Instructions)

This is a (check one)

☐

Party Committee

☒

Political Action Committee KS Governmental Ethics Commission

This is an (check one)

☐

Initial Statement

☐

Amended Statement

COMMITTEE

(PLEASE TYPE OR PRINT)

Name

Johnson County Educators PAC (JOE PAC)

Mailing Address (Street, City, State, Zip Code)

P.O. Box 15143
Lenexa, KS 66285

Business Telephone

()

CHAIRPERSON

Name

Barbara Casey

Home Telephone

(913) 485-6783

Mailing Address (Street, City, State, Zip Code)

6449 W. 125th St
Overland Park, KS 66209

Business Telephone

(913) 993-4137

TREASURER

Name

Peggy Werle

Home Telephone

(913) 268-7340

Mailing Address (Street, City, State, Zip Code)

5706 Westgate Street
Shawnee, KS 66216

Business Telephone

(913) 993-4863

AFFILIATED OR CONNECTED ORGANIZATIONS

Name

Mailing Address (Street, City, State, Zip Code)

If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

Public Education

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."

8-2-13

(Date)

Barbara C. Casey

(Signature of Chairperson)

KANSAS GOVERNMENTAL ETHICS COMMISSION
POLITICAL ACTION COMMITTEE REGISTRATION STATEMENT
FOR CALENDAR YEAR 2013

RECEIVED

AUG 06 2013

KS Governmental Ethics Commission

COMMITTEE

(Please Type or Print)

Full Name Johnson County Educators PAC (JOE PAC)		
Street PO Box 15143		
City Lenexa	State KS	Zip Code 66285

CHAIRPERSON & Mailing Address

Full Name Barbara Casey		
Street 6449 W. 125th St		
City Overland Park	State KS	Zip Code 66209

TREASURER & Mailing Address

Full Name Peggy Werle		
Street 5706 Westgate Street		
City Shawnee Shawnee	State KS	Zip Code 66216

REGISTRATION FEE (Check One)

<input type="checkbox"/>	\$20 Fee	Our political committee anticipates receiving contributions of \$500 or less in this calendar year.
<input checked="" type="checkbox"/>	\$35 Fee	Our political committee anticipates receiving contributions of more than \$500 but less than \$2,501 in this calendar year.
<input checked="" type="checkbox"/>	\$240 Fee	Our political committee anticipates receiving \$2,501 or more in this calendar year.

The appropriate fee must accompany your Political Action Committee Registration Statement. Please make check payable to the Governmental Ethics Commission.

Barbara C. Casey

Signature of Chairperson or Treasurer