## STATEMENT OF ORGANIZATION

FOR PC	LITICAL ACTI	ON COMMITTE	EES AND PARTY COM	MITTEES
		(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		OLEASE TYPE OF	D DDINITY	•
Name Karasa Barasartia Labar Causus				
Kansa	s Democratic Labor	· Caucus ——————————		
Mailing Address (Street, City, State, Zip Code) 3500 NW Greenhills Rd Topeka, Ks 66618			Business Telephone	
3500 NW G	eennilis Rd Topeka	, KS 66618	(785 ) 286-2929	
CHAIRPERSO	ON			
Name Judy P	Pierce		Home Telephone ( 316 ) 650-7169	
<u>_</u>	ss (Street, City, State,	Zin Code)	Business Telephone	
5328 S Ston	eborough Ct. Wich	ita, Ks 67217	(	
TDEAGIDED				
TREASURER Name		<u> </u>	Home Telephone	
	Phillips		( 785 ) 286-292	9
Mailing Addres	ss (Street, City, State, Greenhills Rd. Topek	Zip Code) ka, Ks66618	Business Telephone (785) 554-3442	2
AFFILIATED	OR CONNECTED O	RGANIZATIONS		
Name				
)	(C) (C) (C)	7: C.1)		
Mailing Addres	ss (Street, City, State,	Zip Code)		
	or affiliated with an orga ers through out the s		de, profession, or primary interest	t of the contributors.
SIGNATURE:				
		•	o the best of my knowledge and entional failure to file this docu	
or intentionally	filing a false documer	nt is a class A misdeme	anor."	
(Date)	14		nre of Chairperson) 1/2 eA	
(Date)	<del></del>	(Signati	ire of Chairperson)	— ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Governmental E	thics Commission		(1EEA	Rev.2000