STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

| | | (See Reverse Side Fo | r Instructions) | | |
|---|---|---------------------------|--|----------------------------------|--|
| | This is a (check one) | Party Committee | Political Action Co | mmittee RECEIVED | |
| | This is an (check one) | Initial Statement | Amended Stateme | nt | |
| | | | | JUN 29 2017 | |
| COMMITTEE | | (PLEASE TYPE C | OR PRINT) | S Sovernmental Ethics Commiss | |
| Name Kansa | s State Council of N | Machinists | | | |
| Mailing Address (Street, City, State, Zip Code) 3830 s Meridian Wichita Ks 56217 | | | Business Telephone (316) 946-2374 | | |
| CHAIRPERSO | ON | | | | |
| Name Tony S | Spicer | | Home Teleph | one | |
| | ss (Street, City, State, n st Wichita KS 672 | | Business Te (316) 9 | lephone 46-2374 | |
| TREASURER | | | | | |
| Name | as above | | Home Teleph | one | |
| | ss (Street, City, State, | Zip Code) | Business Te | lephone | |
| AFFILIATED | OR CONNECTED O | RGANIZATIONS | | | |
| Name I.A.M | | | | | |
| _ | ss (Street, City, State, idian Wichita KS 67) | • | | | |
| If not connected o | or affiliated with an org | anization, identify the t | rade, profession, or prima | ry interest of the contributors. | |
| belief is true, co | his statement has beer | understand that the in | to the best of my know ntentional failure to file neanor." | ~ | |
| $\frac{(\sim 2)^{\circ}}{\text{(Date)}}$ | 1-17 | Ton (Signa | ture of Chairperson) | | |
| Governmental F | Ethics Commission | | | Rev 2000 | |

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

| RECEIVED | TION COMMITTE | EES AND PARTIC | JIMINITI LEES |
|--|-------------------------------|-----------------------------------|--------------------------------------|
| | (See Reverse Side For | Instructions) | FILED |
| APR 24 Zijis is a (check one) | Party Committee | Political Action Commit | |
| This is an (check one) This is an (check one) This is an (check one) | Initial Statement | Amended Statement | APR 22 2015 |
| COMMITTEE | (PLEASE TYPE O | R PRINT) | KRIS W. KOBACH SECRETARY OF STATE |
| Name | • | | |
| Kansas State Council of | | Committee | |
| Mailing Address (Street, City, State 3830 S. Meridian, Wichita, KS | | Business Telepho (316) 522-1 | I |
| 3030 3. Werldian, Wichita, No. | 07217 | (310) 322- | 1591 |
| CHAIRPERSON | | | |
| Name Tony Spicer | 24.04 | | |
| , , | - 7' 0 1) | (316) 213-2 | |
| Mailing Address (Street, City, State 3830 S. Meridian, Wichita, KS | | Business Telepho (316) 522-1 | |
| · · · · · · · · · · · · · · · · · · · | | | |
| TREASURER | · — | | |
| Name Kim Rose | | Home Telephone (316) 650- | 1368 |
| Mailing Address (Street, City, State | te. Zip Code) | Business Telepho | |
| 3830 S. Meridian, Wichita, K. | | | 1591 |
| A EEU LATED OD CONNECTED | ODC ANIZATIONS | | |
| AFFILIATED OR CONNECTED Name | ORGANIZATIONS | | |
| International Association | n of Machinists & Aero | space Workers | |
| Mailing Address (Street, City, State | te, Zip Code) | | |
| 9000 Machinists Pl., Upper Ma | arlboro, MD 20772 | | |
| If not connected or affiliated with an o | organization, identify the to | rade profession or primary in | terest of the contributors |
| | | | |
| | | | |
| SIGNATURE: | | | |
| "I declare that this statement has be | een examined by me and | to the best of my knowledg | e and |
| belief is true, correct and complete | | | document |
| or intentionally filing a false docum | | • | |
| $\frac{4-20-15}{\text{(Date)}}$ | | ture of Chairperson) | |
| (Date) | (Signa | ture of Chairperson) | |
| Governmental Ethics Commission | | | Rev.2000 |