STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

		(See Reverse Side For	Instructions)	-,	
	This is a (check one)	Party Committee	Political Action Comm	nittee SECENTED	
	This is an (check one)	Initial Statement	✓ Amended Statement	3.1 2 - 2015	
,					
COMMITTEE		(PLEASE TYPE O	R PRINT)		
Name Lawre	nce Teachers PAC				
	ess (Street, City, State, lampshire St. Lawre		Business Teler (785) 843	ohone -8511	
CHAIRPERSO					
Name			Home Telephor	ie	
John Bode					
	ss (Street, City, State, lampshire St. Lawre		Business Teler (785) 330	phone 1-1641	
TREASURER					
Name			Home Telephor	ie	
John E	Bode			1-8511	
Mailing Addre 1530 New	ess (Street, City, State, Hampshire st., Lawr	Zip Code) ence, KS 66044	Business Teler (785) 33	phone 0-16 4 1	
AFFILIATED	OR CONNECTED O	RGANIZATIONS			
.Name Lawrei	nce Education Asso	ciation			
•	ess (Street, City, State, igh School, 1901 Lo	Zip Code) ouisiana St. Lawrence	e, KS 66044		
If not connected	or affiliated with an org	anization, identify the tr	ade, profession, or primary	interest of the contributors.	
belief is true, co	this statement has been correct and complete. If filing a false docume		to the best of my knowled tentional failure to file the eanor."	•	
(Date)		(Signat	ture of Chairperson)		
Governmental E	Ethics Commission			Rev 2000	

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)	RECEIVED
This is a (check one) Party Committee X Political Action Committee	KEGEIVED
This is an (check one) Initial Statement Amended Statement	JUL 2 8 2014
COMMITTEE (PLEASE TYPE OR PRINT)	KRIS W KOEACH SECRETARY OF STATE
Name O. ()	J
1 harlotte Hoderson - It H Presiden	t
Mailing Address (Street, City, State, Zip Code) Business Telephone	()
Mailing Address (Street, City, State, Zip Code) 1929 On (0 faurence KS (66046 (785) 330 - 14	30
CHAIRPERSON	
Name 10 000 Home Telephone	
Lawrence Education Hosn TH. (185) 691-90	154
Mailing Address (Street, City, State, Zip Code) Business Telephone	, ~
2 1929 Onio Cowrence KS (06046 (785) 330-14	50
TREASURER	
Name () Home Telephone	·
John bode ()	
Mailing Address (Street, City, State, Zip Code) Business Telephone	
() 832-5	<u> </u>
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name KALFA - Stota FA -10001	
Mailing Address (Street City State Zin Code)	
Mailing Address (Street, City, State, Zip Code) 1155W 10th Ave Topuka K5 GdolZ	
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 documer	nt
or intentionally filing a false document is a class A misdemeanor."	
7/18/2014 (man Orth (ld)) -	
(Date) (Signature of Chairperson)	
Governmental Ethics Commission	Rev.2000

STATEMENT OF ORGANIZATION

RECEIVED

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES ... U.L. U. 7 2010

(See Reverse Side For Instructions) KS Governmental Eines Commission					
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 Lawrence Teachers Association Political Action					
Mailing Address (Street. City. State, Zip Code) 1530 New Hump, hire St. Lawrence (32755 330-164)					
CHAIRPERSON					
Name John Bode Home Telephone (785) 843-85)					
Mailing Address (Street, City, State, Zip Code) 1530New Hampshire St. Lawrence KS 66044 (785) 330-1641					
TREASURER					
Name John Body Home Telephone (78) 843-8511					
Mailing Address (Street, City, State, Zip Code) 1530 New Humpshile St., Lawreng KS 66044 (785) 330-1641					
AFFILIATED OR CONNECTED ORGANIZATIONS					
Name					
Mailing Address (Street, City, State, Zip Code)					
fnot connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors Teachers of the Lawrence fublic Schools, USD 497, and other employees who contribute through LEA					
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." 6 29 10					
(Date) (Signature of Chairperson) Rev 200					