

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

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

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 JUL 02 2015
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 KS Governmental Ethics Commission
 KS Governmental Ethics Commission
COMMITTEE

(PLEASE TYPE OR PRINT)

Name HEARTLAND APARTMENT POLITICAL ACTION COMMITTEE

Mailing Address (Street, City, State, Zip Code) P.O. BOX 30097, KANSAS CITY, MO 64112 Business Telephone (816) 561-9958

CHAIRPERSON

Name R. LEE HARRIS Home Telephone (913) 642-3990

Mailing Address (Street, City, State, Zip Code) 6800 W. 64TH STREET, OLS, KS 66202 Business Telephone (913) 671-3300

TREASURER

Name SAMUEL V. ALPERT Home Telephone (816) 361-8723

Mailing Address (Street, City, State, Zip Code) P.O. BOX 30097, KANSAS CITY, MO 64112 Business Telephone (816) 561-9958

AFFILIATED OR CONNECTED ORGANIZATIONS

Name HEARTLAND APARTMENT ASSOCIATION

Mailing Address (Street, City, State, Zip Code) P.O. BOX 30097, KANSAS CITY, MO 64112

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."

6/19/15
(Date)

[Signature]
(Signature of Chairperson)

Governmental Ethics Commission

Rev.2000

FILED

JUN 25 2015

KRIS W. KOBACH
SECRETARY OF STATE

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CHAIRPERSON

Name R. LEE HARRIS Home Telephone (913) 642-3996

Mailing Address (Street, City, State, Zip Code) 6800 W. 64TH STREET, O.P.K. 66209 Business Telephone (913) 671-3300

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Business Telephone

P.O. BOX 30097, KANSAS CITY, MO 64112 (816) 561-9958

CHAIRPERSON

Name

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

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

Business Telephone

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ANY AND ALL CIRCUMSTANCES DIRECTLY OR INDIRECTLY
AFFECTING OWNERS AND OPERATORS OF RENTAL HOUSING

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11-20-12

(Date)

(Signature of Chairperson)