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FOR PC	DLITICAL ACT	ION COMMITTE	ES AND PARTY		
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COMMITTEE	3	(PLEASE TYPE OF	PRINT)	RS Governme	intal Ethics Con
Name	STLAND APA	Arman Polit	ICHL ACTION	Courser	T.C.
			110 Business Teler 64112 (516) 56	·	
CHAIRPERS	ON				
Name R. LE	E HARRIS		Home Telephon (913) 64	2- 3996	
Mailing Addre	ess (Street, City, State 10.64774	, Zip Code)	Business Tele 16202 (913) 67	theme	
TREASURER	٤				
Name Signi	mee V. H	CREAT	Home Telephor (816) 36	ie 61-8723	
Mailing Addr P.O. Z	ess (Street, City, State Box 30097		Business Tele 64102 (8/6) 57		
AFFILIATED	OR CONNECTED	ORGANIZATIONS			
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STATEMENT OF ORGANIZATION FOR POLITICAL ACTION COMMITTEES AND PARTY C	JUN 2 5 2015
(See Reverse Side For Instructions)	_
This is an (check one) Initial Statement Amended Statement COMMITTEE (PLEASE TYPE OR PRINT)	
Name HEARTLAND APARTMENT POLITICAL ACTION (Mailing Address (Street, City, State, Zip Code) MO Business Telepho P.O. BOX 30097, KANSAS CITY, 641172 (516) 561-	
Mailing Address (Street, City, State, Zip Code) Business Telepho	- <u>3996</u>
6800 W. 64TH STREET OP, K. 66209 913 671 TREASURER Name Home Telephone	-3300
Mailing Address (Street, City, State, Zip Code) P.O. Box 30097, Kanasas Citt, Mo 64112 (816) 561	one
AFFILIATED OR CONNECTED ORGANIZATIONS Name HEAPETLAND APAPENT ASSOCIATION Mailing Address (Street, City, State, Zip Code) P.O. Box 30097, KANSAS CITY, MO 64112	
P.O. Box 30097, KAP5AS CITY, MO 64112 If not connected or affiliated with an organization, identify the trade, profession, or primary int	
SIGNATURE: "I declare that this statement has been examined by me and to the test of my knowledge belief is true, correct and complete. I understand that the intervioual failure to file this d or intentionally filing a false document is a class A misdemeaner	· ·
<u>6/19/15</u> (Date) (Signature of Chairperson) Governmental Ethics Commission	 Rev.2000

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KRIS W. KOBACH SECRETARY OF STATE	STATEMENT OF ORGANIZATION	
FOR POLITICAI	L ACTION COMMITTEES AND PARTY COMMITTEE	S
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COMMITTEE	(PLEASE TYPE OR PRINT)	
Name HEARTLAND	O APARTMENT POLITICAL ACTION COMMITTE	EE
	City, State, Zip Code) Business Telephone 097, KANSINS CITY, MOLONICE 8/62) 5761-9958	
CHAIRPERSON		
Name RICK ODDO	Home Telephone ($9/3$) $338-/830$	
Mailing Address (Street, C	City, State, Zip Code) Business Telephone LENEKA, KS 66214 (913) 894-6336	
TREASURER		
Name SAM AU	$\frac{\text{Home Telephone}}{(8/6) \ 36/-8723}$	
Mailing Address (Street, C P.O. BOX 3009	City, State, Zip Code) Business Telephone 7. KANSAS CITY, MO 64112 (816) 5761-9958	
AFFILIATED OR CONNE	ECTED ORGANIZATIONS	
Name HEARTLAN	DO APARTMENT ASSOCIATION	
Mailing Address (Street, C P.O. BOX 30	DD APARTMENT ASSOCIATION City, State, Zip Code) DOTT, KANSAS CITY, MO.64112	
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belief is true, correct and co or intentionally filing a false 1 - 20 - 12	thas been examined by me and to the best of my knowledge and complete. I understand that the intentional failure to five this document the document is a class A misdemeanor."	
(Date) Governmental Ethics Comm	(Signaturs of Chairperson)	v.2000
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