STATEMENT OF ORGANIZATION	RECEIVED
	JUN 132016
FOR POLITICAL ACTION COMMITTEES AND PARTY COMPARY	THEFE Stiples
	Luncs Commit
(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 (PLEASE TYPE OR PRINT)	
Name. Tri County Labor Council COPE	
Mailing Address (Street, City, State, Zip Code) 66109 Business Telephone 1540 Leavanworth Rd KCK5 (913)669216	6
CHAIRPERSON	
Name Home Telephone	
Mailing Address (Street, City, State, Zip Code) 1540 Leavenworth Rd KCK5 66189 ()	
I	
TREASURER       Name       Home Telephone	
Robert Wing ()	
Mailing Address (Street, City, State, Zip Code) 1540 Leavenworth Rd KCKS 66109 ()	
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name	
Mailing Address (Street, City, State, Zip Code)	
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the	contributors.
Labor Unions	
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 is a class A middemean or "	
or intentionally filing a false document is a class A misdemeanor."	
6-1-16 Kalm	
(Date) <i>[</i> (Signature of Chairperson)	
Governmental Ethics Commission	Rev.2000

	FILED
STATEMENT OF ORGANIZATION	APR 1 7 2015
FOR POLITICAL ACTION COMMITTEES AND PARTY CO	KRISW KOBACH MSACHETARYCOSTATE
(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 (PLEASE TYPE OR PRINT)	
Mailing Address (Street, City, State, Zip Code) 7540 Leavenworth Rd KC KS 66109 (913) 669	10PE -2166
CHAIRPERSON Name O Home Telephone	
Name Roger Beach Home Telephone	
Mailing Address (Street, City, State, Zip Code) <u>1540 Leavenworth Rd KCK56609</u> Business Telepho	
TREASURER	
Name Robert S. Wing Home Telephone	
Mailing Address (Street, City, State, Zip Code) 1540 Leaven worth Rd KCNS 66109 (913)788	
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name Labor Unions	
Mailing Address (Street, City, State, Zip Code) Same as abode	
If not connected or affiliated with an organization, identify the trade, profession, or primary int	erest of the contributors.
SIGNATURE: "I declare that this statement has been examined by me and to the best of my knowledge belief is true, correct and complete. I understand that the intentional failure to file this correct or intentionally filing a false document is a class A misd meanor." 1-1-14 (Date) (Signature of Chairperson)	
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