FORMER NAME - SOUTHWESTERN ASSOCIATION - KS PAC

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STATEMENT OF ORC	JANIZATION	JEN 3 0 2015
FOR POLITICAL ACTION COMMITTED	ES AND PARTY COMM	i
(See Reverse Side For I	nstructions)	
This is a (check one)  Party Committee  This is an (check one)  Initial Statement	Political Action Committee  Amended Statement	
COMMITTEE (PLEASE TYPE OR	PRINT)	
Name WESTERN EQUIPMENT DEALERS ASSOCIATION	TION - KS PAC	
Mailing Address (Street, City, State, Zip Code) 638 W 39TH ST	Business Telephone ( 816 ) 561-5323	
CHAIRPERSON		
Name ANDY PHILLIPS	Home Telephone (913 )851-4401	
Mailing Address (Street, City, State, Zip Code) 14631 GRANT LN OVERLAND PARK, KS 66221	Business Telephone ( 816 ) 561-5323	
TREASURER		
Name ROBERT CHARBONNEAU	Home Telephone ( 913 ) 299-9890	
Mailing Address (Street, City, State, Zip Code) 7903 ELIZABETH AVE KANSAS CITY, KS 66112	Business Telephone ( 913 ) 561-5323	
AFFILIATED OR CONNECTED ORGANIZATIONS		
Name		
Mailing Address (Street, City, State, Zip Code)		
If not connected or affiliated with an organization, identify the trace from Edulpment Deacers - Members	de, profession, or primary interest of OF THE WESTERN EQUIMENT	f the contributors. OEACELS ASSOCIATION
SIGNATURE: "I declare that this statement has been examined by me and to belief is true, correct and complete. I understand that the interpretationally filing a false document is a class A misdemea	ntional failure to file this docume	ent
(Date) (Signature Governmental Ethics Commission	, ,	Rev.2000
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## STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

		(See Reverse Side For	· Instructions)	FILED
	This is a (check one)	Party Committee	Political Action Commit	tee NOV 0.0
	This is an (check one)	Initial Statement	XX Amended Statement	NOV 08 20
	- This is the (entroin entry)			KRIS W. KOBACI
COMMITTEE	, ,	(PLEASE TYPE O	R PRINT)	SECRETARY OF ST
Name				
SOT	JTHWESTERN ASS	OCIATION KANSAS	S POLITICAL ACTION	COMMITTEE
Mailing Addre	ess (Street, City, State B W 39th ST KA	, Zip Code)	Business Teleph 64111 (816 ) 561-	one -5323
CHAIRPERSO	ON		<u>-</u>	
Name	FFREY H. FLORA		Home Telephone (913) 851-	9776
<del></del>		<del></del>	<u></u>	
_	ess (Street, City, State	c, Zip Code) LEAWOOD, KS 2	Business Teleph - 707 (816 ) 561	
	TT 303		707 (010 7 301	
TREASURER	<u> </u>			
Name ROI	BERT M. CHARBO	NNEAU	Home Telephone	
			(913 ) 299-	
Mailing Addre	ess (Street, City, State 03 ELIZABETH A	Zip Code) VE KANSAS CITY,	Business Teleph, KS 66(112816) 561-	one - 5 3 2 3
VEELLIVED	OR CONNECTED (	ORGANIZATIONS		
Name	OR CONNECTED C	<u> </u>		
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Mailing Addre	ess (Street, City, State	, Zip Code)		
If not connected	or affiliated with an or	ganization identify the tr	rade, profession, or primary in	nterest of the contributors
	RM EQUIPMENT D	•		iterest of the contributors.
SIGNATURE		an arraminad by mea and	to the least of law	
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•	•	ent is a class A misdem		document
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(Date)	2017	— (Signa	ture of Chairperson)	<del></del>
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