## STATEMENT OF ORGANIZATION

## FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

,	(See Reverse Side Fo	or Instructions)	MAR OF THE	
This is a (check one)	Party Committee	Political A	ection Committee	
This is an (check one)	Initial Statement	Amended	Statement	
			Action Committeen (Committee Committee Committ	Non
COMMITTEE	(PLEASE TYPE C	OR PRINT)		
Name Kansas Equa	lity Coalition	n Politica	L Action Committee	ee
Mailing Address (Street, City, Sta 800 N Marke	te, Zip Code) et Wickitg, KS	67214( 31	ness Telephone 6) 693-1706	
CHAIRPERSON				
Name		Home	Telephone	
Cristel Hett	ron	(31	6) 312-1684	
Mailing Address (Street, City, State, Zip Code)  1375 N Broadway Rd Peck, KS ( )  67120				
TOTO N PIV	laway 14 Fee	7120		
TREASURER		7 10.0		
Name LARRY E BU!	NKER		Telephone S) 452-017/	
Mailing Address (Street, City, Sta & H GH LAND	te, Zip Code) RVE SAUM	S 6740/Busi 78	ness Telephone 5) 82-3-1938	
AFFILIATED OR CONNECTED	ORGANIZATIONS			
Name Tanalil				
Mailing Address (Street, City, Sta	nsas			
Mailing Address (Street, City, Sta	te, Zip Code) et Wichita, l	cs 672	14	
If not connected or affiliated with an o	organization, identify the	trade, profession,	or primary interest of the contribu	utors.
SIGNATURE:				
"I declare that this statement has be	15.			
belief is true, correct and complete or intentionally filing a false document			e to file this document	
3/5/17 (Date)	(Signa	ature of Champer	son)	
Governmental Ethics Commission			Rev.	2000