

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

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

RECEIVED

AUG 10 2017

KS Governmental Ethics Commission

COMMITTEE (PLEASE TYPE OR PRINT)

Name	TOPEKA TRANSIT WORKERS POLITICAL ACTION COMMITTEE	
Mailing Address (Street, City, State, Zip Code)	3536 SW AVALON LANE, TOPEKA, KS 66604	
Business Telephone	()	

CHAIRPERSON

Name	DOUGLAS S WRIGHT	Home Telephone	(785) 273-6342	
Mailing Address (Street, City, State, Zip Code)	3576 SW AVALON LN, TOPEKA, KS 66604		Business Telephone	()

TREASURER

Name	DOUGLAS S. WRIGHT	Home Telephone	(785) 273-6342	
Mailing Address (Street, City, State, Zip Code)	3536 SW AVALON LN, TOPEKA, KS 66604		Business Telephone	()

AFFILIATED OR CONNECTED ORGANIZATIONS

Name	ATU LOCAL 1360		
Mailing Address (Street, City, State, Zip Code)	3536 SW AVALON LANE, TOPEKA, KS 66604		

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."

8/9/17
(Date)

Douglas S. Wright
(Signature of Chairperson)