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**Campaign Finance
Statement of Organization
For Political Action Committees
And Party Committees**

Governmental Ethics Commission
901 S. Kansas Ave.
Topeka, KS 66612
Office (785) 296-4219
Fax (785) 296-2548
ethics.kansas.gov

This is a (Check one) Party Committee PAC

This is an (Check one) Initial Appointment Amended Statement

Committee Name: **Kansas State council of Machinist**
Address: **1622 N Byron rd 1622 N Byron rd**
Address2:
City: **Wichita** State: **KS** Zip: **67212**
Business Phone:
Email Address: **kjlewellen@yahoo.com**

Chairperson Name: **Anthony Spicer**
Address: **1622 N Byron rd**
Address2:
City: **Wichita** State: **KS** Zip: **67212**
Home Telephone: Business Phone: **(316) 213-2181**
Email Address: **kjlewellen@yahoo.com**

Treasurer Name: **Kenneth Lewellen**
Address: **1622 N Byron rd**
Address2:
City: **Wichita** State: **KS** Zip: **67212**
Home Telephone: **(316) 729-0567** Business Phone: **(316) 841-4873**
Email Address: **kjlewellen@yahoo.com**

**Affiliated or
Connected
Organizations** Name: **Kansas State Council of Machinist**
Address: **3830 S Meridian**
Address2:
City: **Wichita** State: **KS** Zip: **67217**

If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

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.

Executed on:

Date: **10/21/2020 9:57:33 AM** Signature of Chairperson: **Kenneth Lewellen**

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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

COMMITTEE

(PLEASE TYPE OR PRINT)

Name	Kansas State Council of Machinists	
Mailing Address (Street, City, State, Zip Code)	Wichita KS 3830 S. Meridian 67217	Business Telephone (316) 946-2374

CHAIRPERSON

Name	Tony Spicer	Home Telephone (316) 213-2181
Mailing Address (Street, City, State, Zip Code)	Wichita KS 1814 S. Green St 67211	Business Telephone (316) 946-2374

TREASURER

Name	Kenneth J Lewellen	Home Telephone (316) 729-0567
Mailing Address (Street, City, State, Zip Code)	Wichita KS 1622 N. Byron Rd 67212	Business Telephone (316) 841-4873

AFFILIATED OR CONNECTED ORGANIZATIONS

Name	I AM
Mailing Address (Street, City, State, Zip Code)	3830 S. Meridian Wichita KS 67217

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."

6-19-18
(Date)

Tony Spicer
(Signature of Chairperson)