	STAT	EMENT OF OR	GANIZATION	
FOR POI			ES AND PARTY COMMITT	'FFS
FORTO	LITICAL ACTIV			LES
-	(	See Reverse Side For	Instructions)	.1
	This is a (check one)	Party Committee	Political Action Committee	
L	This is an (check one)	Initial Statement	Amended Statement	
COMMITTEE		(PLEASE TYPE O	R PRINT)	
Name IAFF Lo	ocal 135 FirePac			
Mailing Address (Street, City, State, Zip Code) 428 N. St. Francis, Wichita, KS 67212			Business Telephone (316) 263-6651	
CHAIRPERSO	Ν			Sec. 3
Name Matthew A. Schulte			Home Telephone (316) 644-6406	
Mailing Address (Street, City, State, Zip Code) 347 Quail Run Ct., Andover, KS 67002			Business Telephone (316) 263-6651	
TREASURER				
Name Charles A.S. Helm			Home Telephone (316) 617-1686	
Mailing Address (Street, City, State, Zip Code) 1636 Old Wick Road, Wichita, KS 67235			Business Telephone (316) 263-6651	
AFFILIATED C	OR CONNECTED OF	GANIZATIONS		
Name Internat	ional Association of	Fire Fighters		
	s (Street, City, State, 2 ork Ave., NW, Wash	A CONTRACT PROPERTY AND A CONTRACT OF A C		
If not connected or Firefighter	r affiliated with an orga	nization, identify the tr	ade, profession, or primary interest of the c	ontributors.
belief is true, cor	rect and complete. I filing a false documen	understand that the int t is a class A misdeme	to the best of my knowledge and tentional failure to file this document teanor."	
Governmental Et	hics Commission			Rev.2000