

STATEMENT OF ORGANIZATION

RECEIVED

JUN 13 2016

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

Governmental Ethics Commission

(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 checked="" type="checkbox"/> Amended Statement

COMMITTEE (PLEASE TYPE OR PRINT)

Name: Tri County Labor Council COPE

Mailing Address (Street, City, State, Zip Code) 66109 Business Telephone  
1540 Leavenworth Rd KC KS (913) 669 2166

CHAIRPERSON

Name: Mike Kane Home Telephone ( )

Mailing Address (Street, City, State, Zip Code) Business Telephone  
1540 Leavenworth Rd KC KS 66109 ( )

TREASURER

Name: Robert Wing Home Telephone ( )

Mailing Address (Street, City, State, Zip Code) Business Telephone  
1540 Leavenworth Rd KC KS 66109 ( )

AFFILIATED OR CONNECTED ORGANIZATIONS

Name

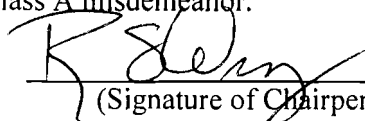
Mailing Address (Street, City, State, Zip Code)

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

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."

6-7-16  
(Date)

  
(Signature of Chairperson)