## STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES				ITTEES
(See Reverse Side For Instructions)				RECEIVED
				ll u
	This is a (check one)	Party Committee	Political Action Committee	JUL 05 2016
	This is an (check one)	Initial Statement	Amended Statement	vernmental Ethics Commission
COMMITTEE (PLEASE TYPE OR PRINT)				
Name Bank of Labor Committee for Good Government				
	ss (Street, City, State, 2 linnesota Avenue, Ka		Business Telephone ( 913 ) 321-4242	
CHAIRPERSON				
Name Home Telephone ( 919 ) 259-3305				
Mailing Address (Street, City, State, Zip Code)  753 Minnesota Avenue, Kansas City, Ks 66101  Business Telephone ( 913 ) 371-2640				
TREASURER				
Name Rober	t K. McCall		Home Telephone ( 913 ) 962-4182	
Mailing Addre	ss (Street, City, State, 2 W. 75th St. Shawne	Lip Code) e, Ks 66214	Business Telephone ( 913 ) 288-3104	
AFFILIATED OR CONNECTED ORGANIZATIONS				
Name Bank of Labor				
Mailing Address (Street, City, State, Zip Code) 756 Minnesota Ave, Kansas City, Ks 66101				
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.				
—————			protession, or primary interest or	uic controllors.
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."				
June 6, 2016				
(Date) (Signature of Chalperson)				
Governmental E	thics Commission			Rev.2000