STATEMENT OF ORGANIZATION	
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES	
(See Reverse Side For Instructions)	
This is a (check one) Party Committee V Political Action Committee	D
This is an (check one) Initial Statement Amended Statement	MECEIVED
COMMITTEE (PLEASE TYPE OR PRINT)	RECEIVED
Name Kansas City Life Employee Political Action Committee	ental Ethics Comme
Mailing Address (Street, City, State, Zip Code)Business Telephone3520 Broadway, Kansas City, MO 64111(816)753-7000))
CHAIRPERSON	
NameHome TelephoneMalika Simmons()	
Mailing Address (Street, City, State, Zip Code)Business Telephone3520 Broadway, Kansas City, MO 64111(816) 753-7000	
TREASURER	
Name Home Telephone	
Steve Ropp(Mailing Address (Street, City, State, Zip Code)Business Telephone3520 Broadway, Kansas City, MO 64111(816753-700	0
3520 Broadway, Kansas City, MO 64111 (610) 735-700	
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.	
SIGNATURE:	4
"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."	
Date 21, 16 (Date) (Signature of Chairperson)	

Governmental Ethics Commission

Rev.2000