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Ĭ	FOR PO		TEMENT OF OR	GANIZATION ES AND PARTY	OCT 21 SCOTT SCH SECRETARY O COMMITT		
	(See Reverse Side For Instructions)						
		This is a (check one)	Party Committee	Political Action Com	nittee		
		This is an (check one)	Initial Statement	Amended Statement			
CO	MMITTEE		(PLEASE TYPE OF	PRINT)			
Nar	Name United Teachers of Wichita Committee on Political Education (COPE)						
	Mailing Address (Street, City, State, Zip Code) 150 South Ida Wichita, KS 67211			Business Telephone (316) 262-5171			
CHAIRPERSON							
Nar	Name Kimberly Howard			Home Telephon (316) 262	ne 2-5171		
	Mailing Address (Street, City, State, Zip Code) 150 South Ida Wichita, KS 67211			Business Telephone (316) 262-5171			
TR	TREASURER						
Nar		Gallaway		Home Telephon (316)26	ne 62-5171		
Mai 1	iling Addre 50 South	ess (Street, City, State Ida Wichita, KS 67	, Zip Code) 211	Business Tele (316) 26	phone 52-5171		
AFFILIATED OR CONNECTED ORGANIZATIONS							
Name United Teachers of Wichita							
Mailing Address (Street, City, State, Zip Code) 150 South Ida Wichita, KS 67211							
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."							
<u> </u>	(Date) (Date) (Signature of Chairperson)						
Gove	ernmental E	Ethics Commission				Rev.2000	

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