

**Contact Information**

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**KANSAS SECRETARY OF STATE**  
**Labor / Employee Organization**  
**Annual Report**

**LA****67-01**

All information must be completed or this document will not be accepted for filing.

**Check one:**

- Labor organization  
 Employee organization  
 Agricultural organization

Report is for the period ending \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
Month Day Year

If the organization has less than 100 members as of the close of the reporting period, no report needs to be filed.

**Do not write in this space**

Name of organization: \_\_\_\_\_

Address: \_\_\_\_\_  
Street address City State Zip

Number of members: \_\_\_\_\_ Date of regular election of officers: \_\_\_\_\_  
Month Day Year

1. Names, titles and addresses of officers and registered business agents:

Name	Title	Street address	City	State	Zip

2. Salaries, wages, bonuses, and other remuneration paid to officers and registered business agents:

Name	Salaries, wages	Bonuses	Other remuneration

3. Rate of initiation fees, dues, assessments and other charges to members:

Initiation fees, per member \$ \_\_\_\_\_ Dues, per member \$ \_\_\_\_\_ Transfer fees, per member \$ \_\_\_\_\_  
 Work permit fees \$ \_\_\_\_\_ Other periodic payments \$ \_\_\_\_\_ Other charges per member \$ \_\_\_\_\_

I state that this report and the audited statement of income, expenditures, assets and liabilities are true and correct to the best of my knowledge.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Title

# Financial Statement

(Audited Statement of Income, Assets, Expenditures and Liabilities)

Income	Resources	Amount	Total
1) Initiation fees			\$ _____
2) Dues			\$ _____
3) Per capita tax			\$ _____
4) Fees			\$ _____
5) Fines			\$ _____
6) Work permits			\$ _____
7) Other payments from members			\$ _____
8) Interest			\$ _____
9) Loans obtained			\$ _____
10) Other income (specify) _____			\$ _____
11) TOTAL INCOME			\$ _____
<b>Assets</b>			
12) Land			\$ _____
13) Buildings		\$ _____	\$ _____
(Less depreciation, if any)		\$ _____	
14) Office equipment		\$ _____	\$ _____
(Less depreciation, if any)		\$ _____	
15) Other personal property		\$ _____	\$ _____
(Less depreciation, if any)		\$ _____	
16) Cash on hand			\$ _____
17) Cash in banks			\$ _____
18) Accounts, loans receivable			\$ _____
19) Investments			\$ _____
20) Other assets (specify) _____			\$ _____
21) TOTAL ASSETS			\$ _____
<b>Expenditures and Liabilities</b>			
<b>Expenditures</b>			
22) Wages, salaries, bonuses, gross		\$ _____	\$ _____
(Less deductions)		\$ _____	\$ _____
23) Per capita tax			\$ _____
24) Fines, fees, assessments, etc.			\$ _____
25) Office expense			\$ _____
26) Contributions and gifts			\$ _____
27) Loans made			\$ _____
28) Taxes			\$ _____
29) Purchase of personal property or real estate			\$ _____
30) Other expenditures (specify) _____			\$ _____
31) TOTAL EXPENDITURES			\$ _____
<b>Liabilities</b>			
32) Accounts payable			\$ _____
33) Notes payable			\$ _____
34) Encumbrances on real estate			\$ _____
35) Other liabilities (specify) _____			\$ _____
36) TOTAL LIABILITIES			\$ _____

## Instructions

Submit this form with a \$25 filing fee.

Notice: There is a \$25 service fee for all returned checks.