

## STATEMENT OF ORGANIZATION

## FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

This is a (check one)

☐

Party Committee

☒

Political Action Committee

This is an (check one)

☐

Initial Statement

☐

Amended Statement

RECEIVED

AUG 12 2008

KS Governmental Ethics Commission

## COMMITTEE

(PLEASE TYPE OR PRINT)

Name

Kansas Occupational Therapy Association Political Action Committee

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

825 S. Kansas Avenue, Suite 500 Topeka, KS 66612

Business Telephone

( 785 ) 232-8044

## CHAIRPERSON

Name

Diane Pickel

Home Telephone

( 913 ) 962-4426

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

11020 King St., Suite 390 Overland Park, KS 66210

Business Telephone

( 913 ) 747-6100

## TREASURER

Name

Ronald Gaches

Home Telephone

( 785 ) 842-7206

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

825 S. Kansas Avenue, Suite 500 Topeka, KS 66612

Business Telephone

( 785 ) 232-8044

## AFFILIATED OR CONNECTED ORGANIZATIONS

Name

Kansas Occupational Therapy Association

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

825 S. Kansas Avenue, Suite 500 Topeka, KS 66612

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."

8-12-08

(Date)

(Signature of Chairperson)

## STATEMENT OF ORGANIZATION

RECEIVED

## FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

Governmental Ethics Commission  
109 WEST 9TH STREET  
TOPEKA, KANSAS 66602

This is a (check one)

☐

Party Committee

☒

Political Action Committee

This is an (check one)

☒

Initial Statement

☐

Amended Statement

## COMMITTEE

(PLEASE TYPE OR PRINT)

KOTPA

Name

Kansas Occupational Therapy Association

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

130 SE 6th St; Townsite Bldg #4  
Suite 116; Topeka, KS 66603

Business Telephone

913 904-0529

## CHAIRPERSON

Name

Joyce McMahon

Home Telephone

(785) 883-4063

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

as above

Business Telephone

( )

## TREASURER

Name

Tess Erdic

Home Telephone

(913) 486-6329

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

as above

Business Telephone

( )

## AFFILIATED OR CONNECTED ORGANIZATIONS

Name

Kansas Occupational Therapy Association

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

130 SE 6th St; Townsite Bldg #4; Suite 116  
Topeka, KS 66603

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."

5/11/07  
(Date)Joyce McMahon  
(Signature of Chairperson)