200

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

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| (See Reverse Side For Instr | ructions) | real Lucia Comm |
| This is a (check one) Party Committee | Political Action Committee | Paring policy and a second |
| This is an (check one) Initial Statement | Amended Statement | |
| COMMITTEE (PLEASE TYPE OR PR | INT) | |
| 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 Roy Fowler | Home Telephone (785) 323-1391 | |
| Mailing Address (Street, City, State, Zip Code) 2030 Hillview Dr., Manhattan, KS 66502 | Business Telephone (785) 232-8044 | |
| TREASURER | | |
| Name Ronald Gaches | Home Telephone (785) 633-6514 | |
| 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 | | |
| | | Eth |
| not connected or affiliated with an organization, identify the trade, pr | olession, or primary interest o | r the contributors. |
| | | |
| SIGNATURE: | | , |
| I declare that this statement has been examined by me and to the | | · 、 |
| elief is true, correct and complete. I understand that the intention r intentionally filing a false document is a class A misdemeanor. | | nt. |
| | 2 | |
| (Date) (Signature of | Chairperson) | |
| overnmental Ethics Commission | , | Rev.2000 |

STATEMENT OF ORGANIZATION

| | (See Reverse Side For Instructions) | | The Charles to the Control of the Co | |
|--------------------|---|--|--|--------------------------|
| | This is a (check one) | Party Committee | Political Action Committee | 4U6 = 2 200t |
| | This is an (check one) | Initial Statement | Amended Statement | |
| COMMITTE | - | (PLEASE TYPE OR PR | TNT | - Warre |
| Nome | | | · · | - |
| Kans | as Occupational The | rapy Association Politica | Action Committee | |
| | ress (Street, City, State, | Zip Code) 00 Topeka, KS 66612 | Business Telephone (785) 232-804 | |
| 020 J. Nan | isas Avenue, Suite of | 70 Topeka, NO 000 12 | (100) 202-004 | - |
| CHAIRPERS | ON | | | |
| Name Diane | e Pickel | | Home Telephone (913) 962-442 | 6 |
| Mailing Addr | ess (Street, City, State, | Zip Code) | Business Telephone | |
| 11020 King | 3 St., Suite 390 Over | land Park, KS 66210 | (913) 747-610 | 0 |
| TREASURE | ₹. | | | |
| Name | | | Home Telephone | · |
| | Ild Gaches | m. v 1) | (785) 842-72 | |
| 825 S. Ka | ess (Street, City, State, nsas Avenue, Suite 5 | 21p Code) 500 Topeka, KS 66612 | Business Telephone (785) 232-804 | |
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| AFFILIATEI Name | OOR CONNECTED O | RGANIZATIONS | | |
| Kans | as Occupational The | rapy Association | | |
| - | ess (Street, City, State, | = ' | | |
| 825 S . Kan | sas Avenue, Suite 50 | 00 Topeka, KS 66612 | | |
| f not connected | l or affiliated with an org | anization, identify the trade, | profession, or primary intere | est of the contributors. |
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| SIGNATURE | | | - 1 4 - 4 1 1 - 4 | |
| | * | nexamined by me and to the understand that the intenti | • | |
| | _ | at is a class A misdemeano | • | |
| 8-12-0 (Date) | , p- (| Jan 1 | Perks D | |
| (Date) | | (Signature | of Chairperson) |) |
| Jovernmental | Ethics Commission | | | Rev.2000 |