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 COMMITTEE (PLEASE TYPE OR PRINT) Name Social Workers Political Action for Candidate Election Business Telephone 785) 354.48020vernmental Editors Commission Mailing Address (Street, City, State, Zip Code) 700 SW Jackson, Ste. 801 (785 CHAIRPERSON Name Home Telephone Don Crowder Mailing Address (Street, City, State, Zip Code) Business Telephone 2625 SW Berkshire, Topeka, KS 66614 TREASURER Name Home Telephone Sky Westerlund Business Telephone Mailing Address (Street, City, State, Zip Code) (785 700 SW Jackson, Ste. 801, Topeka, KS 66603 354.4804 AFFILIATED OR CONNECTED ORGANIZATIONS Name Kansas Chapter, National Association of Social Workers Mailing Address (Street, City, State, Zip Code) 700 SW Jackson, Ste. 801, 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."

(Signature of Chairperson)

Governmental Ethics Commission

Rev.2000