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KS Governmental Ethics Commission

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

This is a (check one)	<input type="checkbox"/> Party Committee	<input checked="" type="checkbox"/> Political Action Committee
This is an (check one)	<input type="checkbox"/> Initial Statement	<input type="checkbox"/> Amended Statement

COMMITTEE (PLEASE TYPE OR PRINT)

Name <i>Kansas Hygienists Political Action Committee</i>	
Mailing Address (Street, City, State, Zip Code) <i>6820 West Shade Court, Wichita, KS 67212</i>	Business Telephone <i>(316) 978-3614</i>

CHAIRPERSON

Name <i>Kathryn Trilli</i>	Home Telephone <i>(316) 619-6453</i>
Mailing Address (Street, City, State, Zip Code) <i>6820 West Shade Court, Wichita, KS 67212</i>	Business Telephone <i>(316) 978-3614</i>

TREASURER

Name <i>Stephanie Witt</i>	Home Telephone <i>(316) 518-2277</i>
Mailing Address (Street, City, State, Zip Code) <i>906 Wornall Road, Kansas City, Missouri</i>	Business Telephone <i>(913) 764-5703</i>

AFFILIATED OR CONNECTED ORGANIZATIONS

Name <i>Kansas Dental Hygienists' Association</i>
Mailing Address (Street, City, State, Zip Code) <i>300 E. 100 Rd., Overbrook, KS 66524</i>
<i>President Jill Gottschamer</i>

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."

10-4-11
(Date)

Kathryn M. Trilli
(Signature of Chairperson)