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Campaign Finance Statement of Organization For Political Action Committees And Party Committees

Governmental Ethics Commission
109 W. 9th, Suite 504
Topeka, KS 66612
Phone (785) 296-4219
Fax (785) 296-2548
www.kansas.gov/ethics

This is a (Check one) **Party Committee** **PAC**

This is an (Check one) **Initial Appointment** **Amended Statement**

Committee

Name: **Kansas Physical Therapy Association PAC**

Address: **1111 N Fairfax Street**

Address2:

City: **Alexandria** State: **VA** Zip: **22314**

Business Phone: **(703) 706-3235**

Email Address: **kansas@apta.org**

Chairperson

Name: **Pam Palmer**

Address: **1614 SW Oxford Ct**

Address2:

City: **Andover** State: **KS** Zip: **67002**

Home Telephone: **(316) 733-1845** Business Phone: **(316) 630-9944**

Email Address: **kpta@kpta.com**

Treasurer

Name: **Chris Collins**

Address: **1111 N Fairfax Street**

Address2:

City: **Alexandria** State: **VA** Zip: **22314**

Home Telephone: Business Phone: **(703) 706-3235**

Email Address: **chriscollins@apta.org**

**Affiliated or Connected
Organizations**

Name: **Kansas Physical Therapy Association**

Address: **1111 N Fairfax Street**

Address2:

City: **Alexandria** State: **VA** Zip: **22314**

If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

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.

Executed on:

Date: **5/14/2013 2:40:06 PM** Signature of Chairperson: **Chris Collins**

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This is an (Check one) ☐ Initial Appointment ☒ Amended Statement

Committee

Name: **Kansas Physical Therapy Association PAC**

Address: **2900 SW Plass Ct Ste 202**

Address2:

City: **Topeka** State: **KS** Zip: **66611**

Business Phone: **(785) 233-5400**

Email Address: **mary.moore@kpta.com**

Chairperson

Name: **Pam Palmer**

Address: **1614 SW Oxford Ct**

Address2:

City: **Andover** State: **KS** Zip: **67002**

Home Telephone: **(316) 733-1845** Business Phone: **(316) 630-9944**

Email Address: **kpta@kpta.com**

Treasurer

Name: **Mary McBride**

Address: **2900 SW Plass Ct Ste 202**

Address2:

City: **Topeka** State: **KS** Zip: **66611**

Home Telephone: **(785) 231-7694** Business Phone: **(785) 233-5400**

Email Address: **mary.moore@kpta.com**

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Executed on:

Date: **7/27/2012 12:16:13 PM** Signature of Chairperson: **Pam Palmer**

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Executed on:

Date: **1/10/2012 3:03:45 PM** Signature of Chairperson: **Pam Palmer**

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KANSAS SECRETARY OF STATE

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 checked="" type="checkbox"/> Amended Statement

COMMITTEE (PLEASE TYPE OR PRINT)

Name Kansas Physical Therapy Association - PAC

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

214 SW 6th St. Topeka, KS 66603
Ste 300

Business Telephone

(785) 233-5400

CHAIRPERSON

Name

Kim Greer

Home Telephone

(913) 599-1207

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

13508 W. 82 St. Lenexa, KS 66219

Business Telephone

(913) 676-2444

TREASURER

Name

Mary Moore

Home Telephone

(785) 261-6419

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

214 SW 6th St. Topeka, KS 66603
Ste 300

Business Telephone

(785) 233-5400

AFFILIATED OR CONNECTED ORGANIZATIONS

Name

Kansas Physical Therapy Association

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

214 SW 6th St. Suite 300 Topeka, KS 66603

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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."

1/28/04

(Date)

Kim Greer

(Signature of Chairperson)