

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

FILED
JUL 11 2012
KRIS W. KOBACH
SECRETARY OF STATE

COMMITTEE

(PLEASE TYPE OR PRINT)

Name

Salina NEA-PAC

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

3102 Marcella Dr Salina KS 67401

Business Telephone

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CHAIRPERSON

Name

None

Home Telephone

()

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

Business Telephone

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TREASURER

Name

Sharon Wisdom

Home Telephone

(785) 493-0120

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

3102 Marcella Dr Salina KS 67401

Business Telephone

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AFFILIATED OR CONNECTED ORGANIZATIONS

Name

NEA Salina

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

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."

7/9/12

(Date)

Sharon Wisdom

(Signature of Chairperson)

Treasurer