

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

AUG 28 2015

KRIS W. KOBACH
SECRETARY OF STATE

COMMITTEE

(PLEASE TYPE OR PRINT)

Name **Olathe National Education Association PAC**

Mailing Address (Street, City, State, Zip Code)
11015 W. 75th Terr Shawnee, KS 66214

Business Telephone
(913) 268-4005

CHAIRPERSON

Name **Kathleen L Meyer**

Home Telephone
(913) 829-6613

Mailing Address (Street, City, State, Zip Code)
15384 S Darnell St Olathe, KS 66062

Business Telephone
(913) 268-4005

TREASURER

Name **Dawn Mercer**

Home Telephone
(913) 233-6309

Mailing Address (Street, City, State, Zip Code)
1517 Kiowa Dr. Olathe, KS 66062

Business Telephone
(913) 780-7630

AFFILIATED OR CONNECTED ORGANIZATIONS

Name

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.
Public Education

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."

8/25/15
(Date)

Kathleen L. Meyer
(Signature of Chairperson)

[Print this form](#) or [Go Back](#)

**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: **Olathe Teachers Political Action Committee**

Address: **11015 W 75th Terrace**

Address2:

City: **Shawnee** State: **KS** Zip: **66214**

Business Phone: **(913) 268-4005**

Email Address: **calin.kendall@knea.org**

Chairperson

Name: **Calin Kendall**

Address: **11015 W 75th Terrace**

Address2:

City: **Shawnee** State: **KS** Zip: **66214**

Home Telephone: Business Phone: **(913) 268-4005**

Email Address: **calin.kendall@knea.org**

Treasurer

Name: **Linda Albee**

Address: **11073 Century Lane**

Address2:

City: **Overland Park** State: **KS** Zip: **66210**

Home Telephone: Business Phone:

Email Address: **lindabingalbee@gmail.com**

**Affiliated or Connected
Organizations**

Name: **Olathe NEA**

Address: **11015 W 75th Terrace**

Address2:

City: **Shawnee** State: **KS** Zip: **66214**

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: **4/12/2011 3:07:55 PM** Signature of Chairperson: **Calin Kendall**

[Print this form](#) or [Go Back](#)