بالمشريب والمستورون

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 AUG 2 9 2016						
This is an (check one) Initial Statement Amended Statement KRIS W. KOBACH						
SECRETARY OF STATE						
COMMITTEE (PLEASE TYPE OR PRINT)						
Name Social Workers Political Action for Candidate Elections						
Mailing Address (Street, City, State, Zip Code) Business Telephone						
700 Su Jackson, Ste 1109 Topely (785) 354, 4804						
Mailing Address (Street, City, State, Zip Code) Business Telephone 700 Cm Jackson, Stellon Topet (785") 354 4804 CHAIRPERSON						
Name \ Home Telephone						
Name (1951) (195) 493, 4747						
Mailing Address (Street, City, State, Zip Code) Business Telephone						
5446 SW 17. th Terr. Topika 66604(-)						
TREASURER						
Name Sky Westerland Home Telephone (785) 393.4647						
Mailing Address (Street, City, State, Zip Code) Business Telephone						
508 Ls SW 10th Are Apt 202, 18 pety 66612 (785-) 354, 4804						
AFFILIATED OR CONNECTED ORGANIZATIONS						
Name KS Chapter Out Assoc of Social Workers						
Mailing Address (Street, City, State, Zip Code)						
Too Sw Jackson, Stellog, Dyrka 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 ₁ misdemeanor."						
(Date) (Signature of Chairperson)						
Governmental Ethics Commission Rev.2000						

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	RECEIVED
This is an (check one) Initial Statement Amended Statement	JUL 05 2016
COMMITTEE (PLEASE TYPE OR PRINT) KS Gove	ernmental Ethics Commissi
Name Social Workers Political Action for Condidute &	lecton
Mailing Address (Street, City, State, Zip Code) Business Telephone	
CHAIRPERSON	
Name Sky Westerland (785) 393.462	12
Mailing Address (Street, City, State, Zip Code) Business Telephone 700 Sw Jackson Ste 1109 Topeka KS (785) 354.480	, 4
TREASURER (44603	
Name sky Westerland Home Telephone (785) 393.46	47
Mailing Address (Street, City, State, Zip Code) Business Telephone 700500 Jackson 5 fe 1109 (785) 35448	04
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name Knosas Chapter Dational Assoc. of Social W.	te-s
Name Knosas Chupter Daturel Assoc. of Social W. Mailing Address (Street, City, State, Zip Code) 700 sw Jackson Ste 1109, Dopeta KS 66603	,
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of	
The tot connected of attributed with all organization, identity the trade, profession, or primary interest to	or the contributors.
SIGNATURE:	
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5 ms 2016 (Signature of Chairperson)	-
Governmental Ethics Commission	Rev.2000

Jul. 5. 2016 1:27PM No. 0269 P. 1

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

ļ		(See Reverse Side For	r Instructions)		
	This is a (check one)	Party Committee	Political Act	tion Committee	
	This is an (check one)	Initial Statement	Amended St	tatement	
COMMITTEE		(PLEASE TYPE O	R PRINT)		
Name Soc	cial Worker	s PACE			
Mailing Addre	ess (Street, City, State W JackSon	e, Zip Code) Ste 1109 Tog		ess Telephone)	354480
CHAIRPERSO			Colded3		
	rahl. Pilar		(913	elephone) 375 80	
		, Zip Code) Are Topekaks	Busines (785	ss Telephone) 826 71 3	83
TREASURER	ſ,	" Celal	eoy		
-	Desterly	~ Q	Home Te	elephone -) 354-4	204
Mailing Addres	ss (Street, City, State,		Busines	ss-Telephone	• • •
AFFILIATED (OR CONNECTED O	RGANIZATIONS			
Name Kans	sas Chapter	National Ass	sountimo?	Social Je	Mers
Mailing Address	ss (Street, City, State,	Zip Code)	•		
If not connected or	r affiliated with an org:	anization, identify the tra	ıde, profession, or p	rimary interest of	f the contributors.
יייי איז א מיד דון די.					
SIGNATURE: "I declare that thi	is statement has been	examined by me and to	o the best of my k	nowledge and	
belief is true, cor.	rrect and complete. I	understand that the inte	entional failure to f	-	:nt
or intentionally fi	iling a false documen	nt is a class A misdemea	anor."		
<u> </u>					
(Date)		(Signatu	ire of Champerson))	
Governmental Eth	nics Commission		7		Rev.2000