STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Sid	de For Instructions) RECEIVED	3
This is a (check one) Party Comm	nittee Political Action Committee	:
This is an (check one) Initial State	ement Amended Statement JUL 2 4 20	14
COMMITTEE (PLEASE TY)	KS Governmental Ethic (PE OR PRINT)	s Commi
	·	
Name Kansas Dental Hygianists 1		
Mailing Address (Street, City, State, Zip Code) 6820 West Shack Court	Business Telephone +. Cell: (316) 69-6453	
Wichita, KS 67,212 CHAIRPERSON		
Name Kathiyn M. Trilli, Righ	Home Telephone (3.4)し14~と45 ³³	
Mailing Address (Street, City, State, Zip Code) 6820 West Shade Court	Business Telephone (316) 978- 3614	
Wichta, KS 67212 TREASURER		
Name Leanna Clark, RDH	Home Telephone (785) +68 · 1152	
Mailing Address (Street, City, State, Zip Code) 9603 SW 45 45 Street	Business Telephone (785) 273 - 4770	
Topeka, KS Colo O AFFILIATED OR CONNECTED ORGANIZATION	18	
Name Kansas Dental Hygienists	s' Association	
Mailing Address (Street, City, State, Zip Code)		
825 S. Komsas Avenue #500	2, Topelen KS 66612	} }
If not connected or affiliated with an organization, identify	the trade, profession, or primary interest of the contrib	outors.
		
		<u> </u>
SIGNATURE:		
"I declare that this statement has been examined by me belief is true, correct and complete. I understand that t	,	
or intentionally filing a false document is a class A mis		1
July 17, 2014 Kar	Hum M. Queli	
(Date) ³ (S	Signature of Chairperson)	}
Governmental Ethics Commission	Rev	2000

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

	<u> </u>	(See Reverse Side For	Instructions)	KS Gar	Kru.
	This is a (check one)	Party Committee	Political A	ction Committee	ernmental Ethics Comm
	This is an (check one)	Initial Statement	Amended	Statement	
COMMITTEE	<u> </u>	(PLEASE TYPE OR	PRINT)		
Name Kans	- Print H	uaiznista!	Political	Action	Committee
Mailing Addre	ss (Street, City, State,	Zĭp Code)	Busin	ness Telephone)いいター コー	£2.
	_	V	7213		
CHAIRPERSO	DN				
Name 60-	1 To 11			Telephone	
Mailing Addre	ss (Street, City, State,	Zip Code)	Busin	ess Telephone	
091	" O 11) 1/20	16 (4. 1. 1.	· / (
TREASURER		G Ta	310		
Name			——————————————————————————————————————	Telephone	
Name Leoning Clark (785) 969-8788			788		
Mailing Addre	ss (Street, City, State,	Zip Code) Topeka KS 6	Busin	ess Telephone)	
	OR CONNECTED OF				· · · · · · · · · · · · · · · · · · ·
Name Ko:	CSUS Deriv	& Huginis	E / 1833	001/01/01	
Mailing Addres	ss (Street, City, State,				KS 0 57
If not connected o		unization, identify the tra		•	t of the contributors.
					
belief is true, co or intentionally	orrect and complete. I filing a false documen	examined by me and to understand that the inte t is a class A misdemea	entional failure anor."	to file this docu	
(Date)	3c, 2014	(Signatu	ire of Chairpers	on)	_
Governmental E	thics Commission				Rev.2000

PECENED

STATEMENT OF ORGANIZATION

OCT 14 2019	alecteria

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

FOR FOLITICAL ACTION COMMITTEES AND FARTT 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
COMMITTEE (PLEASE TYPE OR PRINT)
Name
Kansas Hygienists Political Action Committee
Mailing Address (Street, City, State, Zip Code) Business Telephone
6820 w) est Shade Court, Wichter (316) 978-3614 KS 67212
CHAIRPERSON
Name Home Telephone (316) 619-6453
Mailing Address (Street, City, State, Zip Code) Business Telephone (316) 978-3614
Wichita, KS 67212 TREASURER
Name Stephanie With Home Telephone (316) 518-2277
Mailing Address (Street, City, State, Zip Code) Business Telephone 906 Wornall Road, Kansas City, Missouri (913) 764-5703
AFFILIATED OR CONNECTED ORGANIZATIONS
Name Kansas Dental Hygienists' Association
Mailing Address (Street, City, State, Zip Code) President Jill Gottschames 300 E. 100 Rd. Overbrook KS 66524
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-H-11 K-1.00.
(Date) (Signature of Chairperson)
Governmental Ethics Commission Rev 2000