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STATEMENT OF ORGANIZATION
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES
KS Governmental Ethics Commission

(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) 5845 SW 29th Street, Topeka KS 66614	Business Telephone (785) 273-1441

CHAIRPERSON

Name Justin Hoover	Home Telephone (785) 761-5624
Mailing Address (Street, City, State, Zip Code) 604 N. Spring Valley Rd., Junction City, KS 66441	Business Telephone ()

TREASURER

Name Jennifer Celso	Home Telephone (316) 371-5088
Mailing Address (Street, City, State, Zip Code) 14814 W. Lynndale St., Wichita, KS 67235	Business Telephone (316) 978-5468

AFFILIATED OR CONNECTED ORGANIZATIONS

Name Kansas Physical Therapy Association
Mailing Address (Street, City, State, Zip Code) 5845 SW 29th Street, Topeka, KS 66614-2462

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."

10/21/14
(Date)

Justin Hoover, PT
(Signature of Chairperson)

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KS Governmental Ethics Commission

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FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

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This is an (check one)	<input type="checkbox"/> Initial Statement	<input type="checkbox"/> Amended Statement

COMMITTEE (PLEASE TYPE OR PRINT)

Name	Kansas Physical Therapy Association PAC	
Mailing Address (Street, City, State, Zip Code)	5845 SW 29th Street, Topeka, KS 66614	Business Telephone (785) 273-1441

CHAIRPERSON

Name	Justin Hoover	Home Telephone (786) 761-5624
Mailing Address (Street, City, State, Zip Code)	604 N. Spring Valley Road, Junction City, KS 66441	Business Telephone ()

TREASURER

Name	Jennifer Celso	Home Telephone (316) 371-5088
Mailing Address (Street, City, State, Zip Code)	14814 W. Lynndale St., Wichita, KS 67235	Business Telephone (316) 978-5468

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10/9/14
(Date)

Justin Hoover
(Signature of Chairperson)

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

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This is an (check one)	<input type="checkbox"/> Initial Statement	<input checked="" type="checkbox"/> Amended Statement

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DEC 26 2013
KS Governmental Ethics Commission

COMMITTEE (PLEASE TYPE OR PRINT)

Name	Kansas Physical Therapy Association PAC	
Mailing Address (Street, City, State, Zip Code)	5845 SW 29th Street, Topeka, KS 66614	Business Telephone (785) 273-1441

CHAIRPERSON

Name	Pam Palmer	Home Telephone (316) 733-1845
Mailing Address (Street, City, State, Zip Code)	1614 SW Oxford Court, Andover, KS 67002	Business Telephone (316) 630-9944

TREASURER

Name	Jennifer Celso	Home Telephone (316) 371-5088
Mailing Address (Street, City, State, Zip Code)	14814 W. Lynndale St., Wichita, KS 67235	Business Telephone (316) 978-5648

AFFILIATED OR CONNECTED ORGANIZATIONS

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

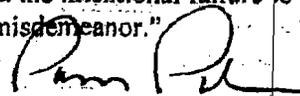
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Matters relating to healthcare and physical therapy and physical therapists.

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."

12/23/13

(Date)



(Signature of Chairperson)

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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**

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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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