Reseupage					
STATEMENT OF ORGANIZATION					
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES					
(See Reverse Side For					
This is a (check one)  Party Committee  This is an (check one)  Initial Statement	Political Action Committee  VL 22 2015  Amended Statent Stagovernmental Ethics Commissor				
COMMITTEE (PLEASE TYPE OR	PRINT)				
Name Kansas Occupational Therapy Association Political Action Committee					
Mailing Address (Street, City, State, Zip Code)  825 S. Kansas Avenue, Suite 500, Topeka, KS 66612  Business Telephone (785) 232-8044					
CHAIRPERSON					
Name LaDessa Forrest	Home Telephone ( 316 ) 773-7975				
Mailing Address (Street, City, State, Zip Code) 10207 W. Yosemite, Wichita, KS 67215	Business Telephone				
TREASURER					
Name Sandra Braden	Home Telephone ( )				
Mailing Address (Street, City, State, Zip Code)  825 S. Kansas Avenue, Suite 500, Topeka, KS 66612  Business Telephone (785) 232-8044					
AFFILIATED OR CONNECTED ORGANIZATIONS					
Name Kansas Occupational Therapy Association					
Mailing Address (Street, City, State, Zip Code)					
825 S. Kansas Avenue, Suite 500, Topeka, KS 66612					
If not connected or affiliated with an organization, identify the tra	de, profession, or primary interest of the contributors.				
SIGNATURE: "I declare that this statement has been examined by me and to belief is true, correct and complete. I understand that the interior intentionally filing a false document is a class A misdement.	entional failure to file this document				
1/12/15 Sim Point, 070,07R/L					
(Date) (Signatu	re of Chairperson)				
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## STATEMENT OF ORGANIZATION

FOR PC	LITICAL ACTION	ON COMMITTE	EES AND PARTY CO	REAL	
		(See Reverse Side For	Instructions)	RECEIVED	
	This is a (check one)	Party Committee		JAN 16 2015	
	This is an (check one)	Initial Statement	Amended Statement	Governm-	
	This is all (check one)	Initial Statement	Amended Statement	Governmental Ethics Com. nissic	
COMMITTEE (PLEASE TYPE OR PRINT)					
Name Kansa	s Occupational Ther	apy Association Poli	itical Action Committee		
	ss (Street, City, State, as Avenue, Suite 50	Zip Code) 0, Topeka, KS 6661	Business Telephor 2 ( 785 ) 232-80		
CHAIRPERSO	ON				
Name LaDes	sa Forrest	Home Telephone Forrest (316 ) 773-7975			
	ss (Street, City, State, osemite, Wichita, KS		Business Telephor	e	
TREASURER					
Name Sandra	a Braden	Home Telephone			
Mailing Addre 825 S. Kan	ss (Street, City, State, sas Avenue, Suite 5	Zip Code) 00, Topeka, KS 666	Business Telephon 12 ( 785 ) 232-8		
AFFILIATED	OR CONNECTED OF	RGANIZATIONS			
Name					
Mailing Addres	ss (Street, City, State, 2	Zip Code)			
If not connected of	or affiliated with an orga	nization, identify the tra	nde, profession, or primary inte	rest of the contributors.	
SIGNATURE:					
"I declare that the belief is true, co	rrect and complete. I		to the best of my knowledge a entional failure to file this do anor."		
1/12/15	4701				
(Date)		(Signati	ure of Chairperson)		
Governmental E	thics Commission			Rev.2000	

## STATEMENT OF ORGANIZATION

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FOR POLITICAL ACTION 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 Occupational Therapy Association Political Action Committee					
Mailing Address (Street, City, State, Zip Code) 825 S. Kansas Avenue, Suite 500 Topeka, KS 66612	Business Telephone (785) 232-8044				
CHAIRPERSON					
Name LaDessa Forrest	Home Telephone ( 316 ) 773-7975				
Mailing Address (Street, City, State, Zip Code) 10207 W. Yosemite Wichita, KS 67215	Business Telephone				
TREASURER					
Name Ronald Gaches	Home Telephone				
Mailing Address (Street, City, State, Zip Code) 825 S. Kansas Avenue, Suite 500 Topeka, KS 66612	Business Telephone ( 785 ) 232-8044				
AFFILIATED OR CONNECTED ORGANIZATIONS					
Name Kansas Occupational Therapy Association Inc.					
Mailing Address (Street, City, State, Zip Code) 825 S. Kansas Avenue, Suite 500 Topeka, KS 66612					
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