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**Campaign Finance
Statement of Organization
For Political Action Committees
And Party Committees**

Governmental Ethics Commission
901 S. Kansas Ave.
Topeka, KS 66612
Office (785) 296-4219
Fax (785) 296-2548
ethics.kansas.gov

This is a (Check one) Party Committee PAC

This is an (Check one) Initial Appointment Amended Statement

Committee Name: **National Education Association Shawnee Mission Political Action Committee**

Address: **11015 W. 75th Terr.**

Address2:

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

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

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

Chairperson Name: **Beth Koon**

Address: **7315 W. 55th Place**

Address2:

City: **Overland Park** State: **KS** Zip: **66202**

Home Telephone: **(913) 710-2076** Business Phone: **(913) 710-2076**

Email Address: **beth.r.koon@gmail.com**

Treasurer Name: **Jill Johnson**

Address: **6109 Charlotte**

Address2:

City: **Kansas City** State: **MO** Zip: **64110**

Home Telephone: **(816) 914-9748** Business Phone: **(816) 914-9748**

Email Address: **jillmjohnson19@gmail.com**

Affiliated or Name: **National Education Association Shawnee Mission**

Connected Address: **11015 W. 75th Terr.**

Organizations 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.

Education

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: **7/21/2020 2:43:51 PM** Signature of Chairperson: **Beth Koon**

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STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(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	NEA-Shawnee Mission PAC	
Mailing Address (Street, City, State, Zip Code)	Business Telephone	
11015 West 75th Terrace, Shawnee, Kansas 66214 Shawr	(913)	268-4005

CHAIRPERSON

Name	Elizabeth Koon	Home Telephone	(913) 710-2071
Mailing Address (Street, City, State, Zip Code)	Business Telephone		
7315 W. 55th Place, Overland Park, KS	(913)	993-1861	

TREASURER

Name	Jill O'Connor	Home Telephone	()
Mailing Address (Street, City, State, Zip Code)	Business Telephone		
6109 Charlotte, Kansas City MO 64110	(816)	914-9748	

AFFILIATED OR CONNECTED ORGANIZATIONS

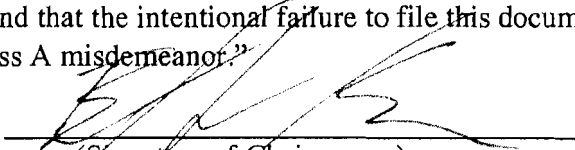
Name	NEA - Shawnee Mission	
Mailing Address (Street, City, State, Zip Code)	11015 West 75th Terrace, Shawnee, KS 66214	

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."

8/28/17
(Date)


(Signature of Chairperson)