

STATEMENT OF ORGANIZATION

SEP 05 2018

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

RECEIVED

(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 type="checkbox"/> Amended Statement

COMMITTEE (PLEASE TYPE OR PRINT)

Name	Kansas Advance Practice Nurses Association PAC	
Mailing Address (Street, City, State, Zip Code)	Business Telephone	
3429 SW Stonybrook, Topeka, Kansas 66614	(785) 845-1760	

CHAIRPERSON

Name	Home Telephone
Holly Cobb	(785) 845-1760
Mailing Address (Street, City, State, Zip Code)	Business Telephone
3429 SW Stonybrook, Topeka, Kansas 66614	()

TREASURER

Name	Home Telephone
Holly Cobb	(785) 845-1760
Mailing Address (Street, City, State, Zip Code)	Business Telephone
3429 SW Stonybrook, Topeka, Kansas 66614	()

AFFILIATED OR CONNECTED ORGANIZATIONS

Name	
Kansas Advanced Practice Nurses Association	
Mailing Address (Street, City, State, Zip Code)	
11321 W Ponderosa St , Wichita, Kansas 67212	

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."

9/4/2018
(Date)

[Signature]
(Signature of Chairperson)