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AUG 29 2018

KS Governmental Ethics Commission

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: Social Workers Political Action in (Candidate) Comm. HHA

Mailing Address (Street, City, State, Zip Code): 420 SE 6th Suite 2001 Topeka KS 66607

Business Telephone: ()

CHAIRPERSON

Name: Matthew Benorden Home Telephone: ()

Mailing Address (Street, City, State, Zip Code): 2616 Moundview Dr. Lawrence KS 66049

Business Telephone: (785) 418-4429

TREASURER

Name: Beely Fast Home Telephone: () 785

Mailing Address (Street, City, State, Zip Code): 420 SE 6th Ave Suite 2001 Topeka KS 66607

Business Telephone: (785) 354-4804

AFFILIATED OR CONNECTED ORGANIZATIONS

Name: 66607

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

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."

8-25-18 (Date)

Matthew Benorden (Signature of Chairperson)