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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: **Kansas Dental Hygienists PAC**

Address: **1838 SW Village Dr**

Address2:

City: **Topeka** State: **KS** Zip: **66604**

Business Phone: **(785) 969-8788**

Email Address: **lfclark66@gmail.com**

Chairperson Name: **Kathy Trilli**

Address: **6820 W Shade Ct**

Address2:

City: **Wichita** State: **KS** Zip: **67260**

Home Telephone: **(316) 619-6453** Business Phone: **(316) 978-7340**

Email Address: **Kathryn.trilli@Wichita.eduqq**

Treasurer Name: **Leanna Clark**

Address: **1838 SW Village Dr**

Address2:

City: **Topeka** State: **KS** Zip: **66604**

Home Telephone: **(785) 969-8788** Business Phone: **(785) 969-8788**

Email Address: **lfclark66@gmail.com**

Affiliated or Name:

Connected Address:

Organizations Address2:

City: State: Zip:

If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

Kansas Dental Hygienists

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: **11/5/2020 11:08:24 PM** Signature of Chairperson: **Leanna Clark**

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AUG 26 2019

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES
SECRETARY OF STATE

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 type="checkbox"/> Amended Statement

COMMITTEE (PLEASE TYPE OR PRINT)

Name Kansas Dental Hygienists' PAC

Mailing Address (Street, City, State, Zip Code) 1838 SW Village Dr. Topeka KS 66604 Business Telephone () NA

NEW ADDRESS

CHAIRPERSON

Name Kathryn Trilli Home Telephone (316) 619-6453

Mailing Address (Street, City, State, Zip Code) 711 Westway Denton TX 76201 Business Telephone ()

old Address - 6820 West + Shade Ct. Wichita KS 67212

TREASURER

Name Leanna Clark Home Telephone (785) 969-8788

Mailing Address (Street, City, State, Zip Code) 1838 SW Village Dr. Topeka KS 66604 Business Telephone (785) 273-4770

NEW ADDRESS

AFFILIATED OR CONNECTED ORGANIZATIONS

Name N/A

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.

Kansas Dental Hygienists

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."

August 22, 2019
(Date)

Kathryn M. Trilli
(Signature of Chairperson)