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STATEMENT OF ORGANIZATION

KS Governmental Ethics Commission

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 Kansas Physical Therapy Association PAC	
Mailing Address (Street, City, State, Zip Code) c/o 5845 SW 29th Street, Topeka KS 66614-2462	Business Telephone (785) 273-1441

CHAIRPERSON

Name Justin Hoover	Home Telephone ()
Mailing Address (Street, City, State, Zip Code) c/o 5845 SW 29th Street, Topeka, KS 66614-2462	Business Telephone (785) 273-1441

TREASURER

Name Thomas Van Towle	Home Telephone ()
Mailing Address (Street, City, State, Zip Code) c/o 5845 SW 29th Street, Topeka, KS 66614-2462	Business Telephone (785) 273-1441

AFFILIATED OR CONNECTED ORGANIZATIONS

Name Kansas Physical Therapy Association
Mailing Address (Street, City, State, Zip Code) c/o Hein Govt. Consulting, LLC., 5845 SW 29th Street, Topeka, KS 66614-2462

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."

7/12/18
(Date)

Justin Hoover
(Signature of Chairperson)