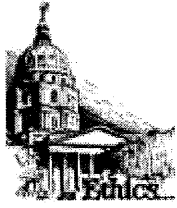


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**Campaign Finance
Statement of Organization
For Political Action Committees
And Party Committees**

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 PAC**
Address: **5200 SW Huntoon**
Address2:
City: **Topeka** State: **KS** Zip: **66604**
Business Phone: **(785) 272-7360**
Email Address: **kevin@ksdental.org**

Chairperson Name: **Mark Armfield**
Address: **2814 Ohio St**
Address2:
City: **Augusta** State: **KS** Zip: **67010**
Home Telephone: **(316) 648-3031** Business Phone: **(316) 775-5451**
Email Address: **markarmfield11@gmail.com**

Treasurer Name: **Nick Rogers**
Address: **1939 N 11th St**
Address2:
City: **Arkansas City** State: **KS** Zip: **67005**
Home Telephone: **(620) 506-8495** Business Phone: **(620) 442-5660**
Email Address: **nrogersdds@aol.com**

**Affiliated or
Connected
Organizations** Name: **Kansas Dental Association**
Address: **5200 SW Huntoon**
Address2:
City: **Topeka** State: **KS** Zip: **66604**

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

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: **12/7/2021 11:16:13 AM** Signature of Chairperson: **Mark Armfield, DDS**

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STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

RECEIVED

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

JUL 13 2017

COMMITTEE

(PLEASE TYPE OR PRINT)

Name Kansas Dental PAC

Mailing Address (Street, City, State, Zip Code)
5200 SW Huntoon

Business Telephone
(785) 272.7360

CHAIRPERSON

Name Dr. Mark Armfield

Home Telephone
(316) 775.2698

Mailing Address (Street, City, State, Zip Code)
2814 Ohio St

Business Telephone
(316) 775.5451

TREASURER

Name Dr Nick Rogers

Home Telephone
(620) 442.8086

Mailing Address (Street, City, State, Zip Code)
1939 N 11th St

Business Telephone
(620) 442.5660

AFFILIATED OR CONNECTED ORGANIZATIONS

Name Kansas Dental Association

Mailing Address (Street, City, State, Zip Code)
5200 SW Huntoon, Topeka, KS 66604

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."

7/10/2017
(Date)

Mark Armfield, DDS
(Signature of Chairperson)