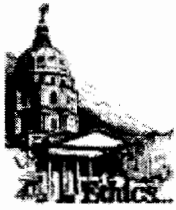


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**Campaign Finance  
Statement of Organization  
For Political Action Committees  
And Party Committees**

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 Society of CPAs Political Action Committee**

Address: **114 SE 8th Ave**

Address2:

City: **Topeka** State: **KS** Zip: **66603**

Business Phone: **(785) 272-4366**

Email Address: **info@kscpa.org**

**Chairperson** Name: **DeAnn Hill**

Address: **114 SE 8th Ave**

Address2:

City: **Topeka** State: **KS** Zip: **66603**

Home Telephone: Business Phone: **(785) 272-4366**

Email Address: **info@kscpa.org**

**Treasurer** Name: **Daniel White**

Address: **114 SE 8th Ave**

Address2:

City: **Topeka** State: **KS** Zip: **66603**

Home Telephone: Business Phone: **(785) 272-4366**

Email Address: **info@kscpa.org**

**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.

**The practice of accounting as Certified Public Accountant in public practice, business and industry, governmental and education.**

**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: **1/12/2022 11:26:19 AM** Signature of Chairperson: **DeAnn Hill**

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Email Address: **info@kscpa.org**

**Chairperson**  
Name: **Amber Goering**  
Address: **114 SE 8th Ave**  
Address2:  
City: **Topeka** State: **KS** Zip: **66603**  
Home Telephone: Business Phone: **(785) 272-4366**  
Email Address: **info@kscpa.org**

**Treasurer**  
Name: **Daniel White**  
Address: **114 SE 8th Ave**  
Address2:  
City: **Topeka** State: **KS** Zip: **66603**  
Home Telephone: Business Phone: **(785) 272-4366**  
Email Address: **info@kscpa.org**

**Affiliated or Connected Organizations**  
Name:  
Address:  
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City: State: Zip:

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**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: **3/2/2018 1:55:14 PM** Signature of Chairperson: **Amber Goering**

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