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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: **Olathe National Education Association PAC**

Address: **11015 W. 75th Terr**

Address2:

City: **Shawnee** State: **KS** Zip: **66214**

Business Phone: **(913) 268-4005**

Email Address: **Leighanne.rogers@knea.org**

Chairperson Name: **Leigh Anne Rogers**

Address: **204 West Dartmouth Road**

Address2:

City: **Kansas City** State: **MO** Zip: **64113**

Home Telephone: **(913) 231-6785** Business Phone: **(913) 268-4005**

Email Address: **Leighanne.rogers@knea.org**

Treasurer Name: **Amanda Preno**

Address: **849 E. 167th Ct.**

Address2:

City: **Gardner** State: **KS** Zip: **66030**

Home Telephone: **(785) 840-4550** Business Phone: **(913) 780-7430**

Email Address: **aprenofv@olatheschools.org**

Affiliated or Name: **Olathe National Education Association**

Connected Address: **11015 W. 75th Terr**

Organizations Address2:

City: **Shawnee** State: **KS** Zip: **66214**

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: **7/1/2022 9:34:28 AM** Signature of Chairperson: **Leigh Anne Rogers**

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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

FILED
AUG 28 2015
 KRIS W. KOBACH
 SECRETARY OF STATE

COMMITTEE (PLEASE TYPE OR PRINT)

Name	Olathe National Education Association PAC	
Mailing Address (Street, City, State, Zip Code)	Business Telephone	
11015 W. 75th Terr Shawnee, KS 66214	(913) 268-4005	

CHAIRPERSON

Name	Kathleen L Meyer	Home Telephone	(913) 829-6613
Mailing Address (Street, City, State, Zip Code)	Business Telephone		
15384 S Darnell St Olathe, KS 66062	(913) 268-4005		

TREASURER

Name	Dawn Mercer	Home Telephone	(913) 233-6309
Mailing Address (Street, City, State, Zip Code)	Business Telephone		
1517 Kiowa Dr. Olathe, KS 66062	(913) 780-7630		

AFFILIATED OR CONNECTED ORGANIZATIONS

Name	
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.
Public Education

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."

8/25/15
(Date)

Kathleen L Meyer
(Signature of Chairperson)