

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

COMMITTEE (PLEASE TYPE OR PRINT)

Name	KAPE Committee on Political Education	
Mailing Address (Street, City, State, Zip Code)	1300 SW Topeka Blvd Topeka KS 66612	Business Telephone (785) 235-0262

CHAIRPERSON

Name	Sarah LaFrenz	Home Telephone ()
Mailing Address (Street, City, State, Zip Code)	1300 SW Topeka Blvd Topeka KS 66612	Business Telephone (785) 235-0262

TREASURER

Name	Neil Diediker	Home Telephone ()
Mailing Address (Street, City, State, Zip Code)	1300 SW Topeka Blvd Topeka KS 66612	Business Telephone (785) 235-0262

AFFILIATED OR CONNECTED ORGANIZATIONS

Name	KAPE	
Mailing Address (Street, City, State, Zip Code)	1300 SW Topeka Blvd Topeka KS 66612	

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

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."

7/1/2021 (Date)

RECEIVED JUL 06 2021

Sarah LaFrenz (Signature of Chairperson)