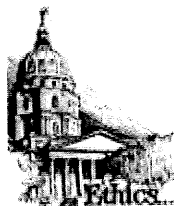


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**Campaign Finance  
Statement of Organization  
For Political Action Committees  
And Party Committees**

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 Hygienists PAC**

Address: **15450 Jeffrey Circle**

Address2:

City: **Wamego** State: **KS** Zip: **66547**

Business Phone: **(803) 465-0602**

Email Address: **aknuttrdh@gmail.com**

**Chairperson**

Name: **Amanda Knutt**

Address: **15450 Jeffrey Circle**

Address2:

City: **Wamego** State: **KS** Zip: **66547**

Home Telephone: **(803) 465-0302** Business Phone: **(803) 465-0602**

Email Address: **aknuttrdh@gmail.com**

**Treasurer**

Name: **Janice Robinett**

Address: **1100 N 11th St**

Address2:

City: **Osage City** State: **KS** Zip: **66523**

Home Telephone: **(785) 806-7537** Business Phone: **(785) 806-7537**

Email Address: **oicu812robinett@mediacombb.net**

**Affiliated or**

Name: **Kansas Dental Hygiene Association**

**Connected**

Address: **1100 N 11th St**

**Organizations**

Address2:

City: **Osage City** State: **KS** Zip: **66523**

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: **4/8/2022 7:53:55 PM** Signature of Chairperson: **Amanda Knutt**

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ethics.kansas.gov

This is a (Check one)  Party Committee  PAC

This is an (Check one)  Initial Appointment  Amended Statement

**Committee** Name: **Kansas Dental Hygienists PAC**

Address: **1838 SW Village Dr**

Address2:

City: **Topeka** State: **KS** Zip: **66604**

Business Phone: **(785) 969-8788**

Email Address: **lfclark66@gmail.com**

**Chairperson** Name: **Kathy Trilli**

Address: **6820 W Shade Ct**

Address2:

City: **Wichita** State: **KS** Zip: **67260**

Home Telephone: **(316) 619-6453** Business Phone: **(316) 978-7340**

Email Address: **Kathryn.trilli@Wichita.eduqq**

**Treasurer** Name: **Leanna Clark**

Address: **1838 SW Village Dr**

Address2:

City: **Topeka** State: **KS** Zip: **66604**

Home Telephone: **(785) 969-8788** Business Phone: **(785) 969-8788**

Email Address: **lfclark66@gmail.com**

**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.

**Kansas Dental Hygienists**

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Executed on:

Date: **11/5/2020 11:08:24 PM** Signature of Chairperson: **Leanna Clark**

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