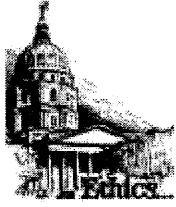


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**Campaign Finance
Statement of Organization
For Political Action Committees
And Party Committees**

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 Physical Therapy Association PAC**

Address: **c/o 5845 SW 29th Street**

Address2:

City: **Topeka** State: **KS** Zip: **66614**

Business Phone: **(785) 273-1441**

Email Address: **dboss@heingc.com**

Chairperson Name: **Camille Snyder**

Address: **1601 Jefferson Street #3**

Address2:

City: **Kansas City** State: **MO** Zip: **64108**

Home Telephone: Business Phone: **(785) 273-1441**

Email Address: **dboss@heingc.com**

Treasurer Name: **Lisa Vargo Racz**

Address: **12048 Ballentine Street**

Address2:

City: **Overland Park** State: **KS** Zip: **66213**

Home Telephone: Business Phone: **(785) 273-1441**

Email Address: **dboss@heingc.com**

Affiliated or Name: **Kansas Physical Therapy Association**

Connected Address: **c/o 5845 SW 29th Street**

Organizations Address2:

City: **Topeka** State: **KS** Zip: **66614**

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: **5/16/2022 1:53:38 PM** Signature of Chairperson: **Camille Snyder**

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JUL 16 2018

STATEMENT OF ORGANIZATION

KS Governmental Ethics Commission

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 Kansas Physical Therapy Association PAC	
Mailing Address (Street, City, State, Zip Code) c/o 5845 SW 29th Street, Topeka KS 66614-2462	Business Telephone (785) 273-1441

CHAIRPERSON

Name Justin Hoover	Home Telephone ()
Mailing Address (Street, City, State, Zip Code) c/o 5845 SW 29th Street, Topeka, KS 66614-2462	Business Telephone (785) 273-1441

TREASURER

Name Thomas Van Towle	Home Telephone ()
Mailing Address (Street, City, State, Zip Code) c/o 5845 SW 29th Street, Topeka, KS 66614-2462	Business Telephone (785) 273-1441

AFFILIATED OR CONNECTED ORGANIZATIONS

Name Kansas Physical Therapy Association
Mailing Address (Street, City, State, Zip Code) c/o Hein Govt. Consulting, LLC., 5845 SW 29th Street, Topeka, KS 66614-2462

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."

7/12/18
(Date)

Justin Hoover
(Signature of Chairperson)