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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: **Trust Women PAC**  
Address: **PO BOX 783**  
Address2:  
City: **Wichita** State: **KS** Zip: **67201**  
Business Phone: **(202) 750-0587**  
Email Address: **llucio@itrustwomen.org**

**Chairperson** Name: **Julie Burkhart**  
Address: **PO BOX 783**  
Address2:  
City: **Wichita** State: **KS** Zip: **67201**  
Home Telephone: Business Phone: **(202) 750-0587**  
Email Address: **llucio@itrustwomen.org**

**Treasurer** Name: **Katie Knutter**  
Address: **PO BOX 783**  
Address2:  
City: **Wichita** State: **KS** Zip: **67201**  
Home Telephone: Business Phone: **(202) 750-0587**  
Email Address: **llucio@itrustwomen.org**

**Affiliated or  
Connected  
Organizations** Name: **Trust Women PAC**  
Address: **PO BOX 783**  
Address2:  
City: **Wichita** State: **KS** Zip: **67201**

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: **3/24/2021 1:11:23 PM** Signature of Chairperson: **Julie Burkhart**

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This is a (Check one)  Party Committee  PAC

This is an (Check one)  Initial Appointment  Amended Statement

**Committee** Name: **Trust Women PAC**  
Address: **5107 E. Kellogg Dr.**  
Address2:  
City: **Wichita** State: **KS** Zip: **67218**  
Business Phone: **(316) 425-3215**  
Email Address: **llucio@itrustwomen.org**

**Chairperson** Name: **Julie Burkhart**  
Address: **5107 E. Kellogg Dr.**  
Address2:  
City: **Wichita** State: **KS** Zip: **67218**  
Home Telephone: Business Phone: **(316) 425-3215**  
Email Address: **llucio@itrustwomen.org**

**Treasurer** Name: **Katie Knutter**  
Address: **5107 E. Kellogg Dr.**  
Address2:  
City: **Wichita** State: **KS** Zip: **67218**  
Home Telephone: Business Phone: **(316) 425-3215**  
Email Address: **llucio@itrustwomen.org**

**Affiliated or  
Connected  
Organizations** Name: **Trust Women PAC**  
Address: **5107 E. Kellogg Dr.**  
Address2:  
City: **Wichita** State: **KS** Zip: **67218**

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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: **1/5/2021 4:00:36 PM** Signature of Chairperson: **Julie Burkhart**

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