

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

RECEIVED

JUN 16 2021

KS Governmental Ethics Commission

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 type="checkbox"/> Amended Statement

COMMITTEE (PLEASE TYPE OR PRINT)

Name	(AAWWA) African American Women's Voter Allignace	
Mailing Address (Street, City, State, Zip Code)	1320 SW 27th st. Topeka, Ks 66611	Business Telephone ( 785 ) 217-3888

CHAIRPERSON

Name	Christine Smith	Home Telephone ( 785 ) 217-3888
Mailing Address (Street, City, State, Zip Code)	1320 SW 27th st. Topeka, Ks 66611	Business Telephone

TREASURER

Name	Daisy Karimi	Home Telephone
Mailing Address (Street, City, State, Zip Code)	3740 SW Plaza Dr. Apt. 203 Topeka, KS 66609	Business Telephone ( 785 ) 250-2902

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.

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."

(Date) 6/16/2021 (Signature of Chairperson) [Signature]