

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

RECEIVED
OCT 28 2024
KS Governmental Ethics Commission

(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 type="checkbox"/> Amended Statement

COMMITTEE (PLEASE TYPE OR PRINT)

Name	Douglas County Health Professionals	
Mailing Address (Street, City, State, Zip Code)	1345 Stone Creek Drive Lawrence KS 66049	
Business Telephone	(785) 760-4680	

CHAIRPERSON

Name	Home Telephone
Matt Bilmarier	(785) 760-4680
Mailing Address (Street, City, State, Zip Code)	Business Telephone
1345 Stone Creek Drive Lawrence, KS 66049	(785) 760-4680

TREASURER

Name	Home Telephone
Kristin Selmons	(334) 538-4410
Mailing Address (Street, City, State, Zip Code)	Business Telephone
1024 Summerfield Way Lawrence, KS 66049	() ()

AFFILIATED OR CONNECTED ORGANIZATIONS

Name
Mailing Address (Street, City, State, Zip Code)

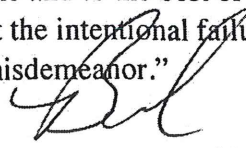
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

Healthcare

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."

10/27/24
(Date)


(Signature of Chairperson)