

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

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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 checked="" type="checkbox"/> Amended Statement |

COMMITTEE (PLEASE TYPE OR PRINT)

| | | |
|---|--------------------|-------------------------------------|
| Name | Kansas Dental PAC | |
| Mailing Address (Street, City, State, Zip Code) | 5200 SW Huntoon St | Business Telephone (785) 272-7360 |

CHAIRPERSON

| | | |
|---|---------------------------------|-------------------------------------|
| Name | Mark Armfield, DDS | Home Telephone (316) 648-3031 |
| Mailing Address (Street, City, State, Zip Code) | 2814 Ohio St, Augusta, KS 67010 | Business Telephone (316) 775-5451 |

TREASURER

| | | |
|---|---------------------------------|-------------------------------------|
| Name | Daniel C. Nielson, DDS | Home Telephone (913) 706-0068 |
| Mailing Address (Street, City, State, Zip Code) | 965 N Mur Len, Olathe, KS 66062 | Business Telephone (913) 780-3100 |

AFFILIATED OR CONNECTED ORGANIZATIONS

| | | |
|---|--------------------------------------|--|
| Name | Kansas Dental Association | |
| Mailing Address (Street, City, State, Zip Code) | 5200 SW Huntoon St, Topeka, KS 66604 | |

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

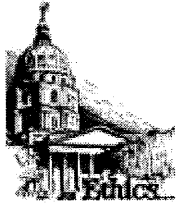
SIGNATURE:

"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."

1/3/2024 (Date)

Mark Armfield, DDS (Signature of Chairperson)

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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 PAC**
Address: **5200 SW Huntoon**
Address2:
City: **Topeka** State: **KS** Zip: **66604**
Business Phone: **(785) 272-7360**
Email Address: **kevin@ksdental.org**

Chairperson Name: **Mark Armfield**
Address: **2814 Ohio St**
Address2:
City: **Augusta** State: **KS** Zip: **67010**
Home Telephone: **(316) 648-3031** Business Phone: **(316) 775-5451**
Email Address: **markarmfield11@gmail.com**

Treasurer Name: **Nick Rogers**
Address: **1939 N 11th St**
Address2:
City: **Arkansas City** State: **KS** Zip: **67005**
Home Telephone: **(620) 506-8495** Business Phone: **(620) 442-5660**
Email Address: **nrogersdds@aol.com**

**Affiliated or
Connected
Organizations** Name: **Kansas Dental Association**
Address: **5200 SW Huntoon**
Address2:
City: **Topeka** State: **KS** Zip: **66604**

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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: **12/7/2021 11:16:13 AM** Signature of Chairperson: **Mark Armfield, DDS**

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