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SEP 05 2023

KS Governmental Ethics Commission

STATEMENT OF ORGANIZATION

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 type="checkbox"/> Amended Statement

COMMITTEE (PLEASE TYPE OR PRINT)

Name KAPE Committee on Political Education	
Mailing Address (Street, City, State, Zip Code) PO Box 618, Mission, KS 66612	Business Telephone (785) 235-0262

CHAIRPERSON

Name Ronald Hobert	Home Telephone (316) 650-5572
Mailing Address (Street, City, State, Zip Code) PO Box 618, Mission, KS 66212	Business Telephone (785) 235-0262

TREASURER

Name Joshua Atchison	Home Telephone (785) 794-4594
Mailing Address (Street, City, State, Zip Code) PO Box 618, Mission, KS 66202	Business Telephone (785) 235-0262

AFFILIATED OR CONNECTED ORGANIZATIONS

Name Kansas Association of Public Employees
Mailing Address (Street, City, State, Zip Code) PO Box 618, Mission, KS 66202

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."

8/30/23

(Date)

(Signature of Chairperson)