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STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES
(See Reverse Side For Instructions)
This is a (check one) Party Committee Political Action Committee
This is an (check one) Initial Statement Amended Statement
COMMITTEE (PLEASE TYPE OR PRINT)
Name Social Worker Political Action for
Mailing Address (Street, City, State, Zip Code) Have the Suite 2001 Business Telephone Condiction High the
CHAIRPERSON 15 66607 785-354-4804
Name Werdy tunk Schrog Home Telephone VI-5245
Mailing Address (Street, City, State, Zip Code) Business Telephone
TREASURER NEWTON KS 67117
Name Becky FAS+ Home Telephone
Mailing Address (Street, City. State. Zip Code) Business Telephone Code Business Telephone
AFFILIATED OR CONNECTED ORGANIZATIONS LA KS 66607
Name NASW-KS Chapter of Jocial Workers
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 1 0 6 2021
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." KS Governmental Ethics Commiss or
(Date) (Signature of Chairperson)
Governmental Ethics Commission PrInt page Rev.2000