

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 type="checkbox"/> Political Action Committee
This is an (check one)	<input type="checkbox"/> Initial Statement	<input checked="" type="checkbox"/> Amended Statement

**RECEIVED**  
 MAR 09 2023  
 SCOTT SCHWAB  
 SECRETARY OF STATE

COMMITTEE (PLEASE TYPE OR PRINT)

Name	Kansas Physical Therapy Association Political Action Committee	
Mailing Address (Street, City, State, Zip Code)	c/o 1861 Consulting 800 SW Jackson #1005 Topeka KS 66606	
Business Telephone	( 785 ) 408-1381	

CHAIRPERSON

Name	Camille Snyder	Home Telephone	( )
Mailing Address (Street, City, State, Zip Code)	601 Jefferson Street #3, KC Mo 64108		Business Telephone
		( 785 )	408-1381

TREASURER

Name	Lisa Vargo Racz	Home Telephone	( )
Mailing Address (Street, City, State, Zip Code)	12048 Ballentine St., Overland Park, KS 66213		Business Telephone
		( 785 )	408-1381

AFFILIATED OR CONNECTED ORGANIZATIONS

Name	Kansas Physical Therapy Association		
Mailing Address (Street, City, State, Zip Code)	c/o 1861 Consulting, 800 SW Jackson #1005, Topeka, KS 66612		

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."

3/8/2023  
(Date)

*Camille Snyder*  
(Signature of Chairperson)