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

COMMITTEE (PLEASE TYPE OR PRINT)

Name Kansas Occupational Therapy Association PAC	
Mailing Address (Street, City, State, Zip Code) 825 S Kansas Ave, Suite 500 Topeka, KS 66612	Business Telephone (785) 233-4512

CHAIRPERSON

Name Brian Mills	Home Telephone ()
Mailing Address (Street, City, State, Zip Code) 3901 Rainbow Blvd Kanas City, KS 66160	Business Telephone (913) 530-0125

TREASURER

Name Sandra Braden	Home Telephone (785) 806-2680
Mailing Address (Street, City, State, Zip Code) 825 S Kansas Ave, Suite 500 Topeka, KS 66612	Business Telephone (785) 233-4512

AFFILIATED OR CONNECTED ORGANIZATIONS

Name Kansas Occupational Therapy Association
Mailing Address (Street, City, State, Zip Code) 825 S Kansas Ave, Suite 500 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."

1/8/2020
(Date)


(Signature of Chairperson)