SCOTT SCHWAB STATEMENT OF ORGANIZATION SECRETARY OF STATE OR 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) **Business Telephone** Mailing Address (Street, City, State, Zip Code) KS.67203 CHAIRPERSON Home Telephone Name (316) 253-768 KS 67217 TREASURER Home Telephone Name Mailing Address (Street, City, State, Zip Code) **Business Telephon** AFFILIATED OR CONNECTED ORGANIZATIONS 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 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." 111/2022 (Signature of Chairperson) (Date)

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Governmental Ethics Commission