| | ~- | - <u>-</u> - | | |
|---|--|-----------------------------------|---|---------------------|
| | | | | RECEIVED |
| STATEMENT OF ORGANIZATION | | | | APR 1 3 2023 |
| SCOTT SCHW FOR POLITICAL ACTION COMMITTEES AND PARTY COM | | | | |
| (See Reverse Side For Instructions) | | | | |
| | This is a (check one) This is an (check one) | Party Committee Initial Statement | Political Action Committee Amended Statement | |
| COMMITTEE | | (PLEASE TYPE O | R PRINT) | |
| Name Kansa | s Voter Empowerm | ent Project | | |
| | ss (Street, City, State 6-Wichita KS 67208 | | Business Telephor () | ie |
| CHAIRPERSO | ON | | | |
| Name Kelly J | ohnston | | Home Telephone (316) 214-74 | 51 |
| Mailing Addre 2005 S Cypr | ss (Street, City, State ress Wichita KS 672 | , Zip Code) 207 | Business Telephor () | le |
| TREASURER | | | | |
| Name Jan Ma | anlove | | Home Telephone (620) 545-7- | 414 |
| Mailing Addre | ss (Street, City, State oth ST W Clearwate | , Zip Code) er KS 67026 | Business Telephor () | ne |
| AFFILIATED | OR CONNECTED O | ORGANIZATIONS | | |
| Name | | | | |
| Mailing Addre | ess (Street, City, State | , Zip Code) | | |
| If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors. To register and get out to vote historically disenfranchised and progressive voters. | | | | |
| belief is true, co | this statement has been orrect and complete. I filing a false docume | • | to the best of my knowledge tentional failure to file this do eanor." | |
| Governmental F | Ethics Commission | | | Rev.2000 |