

Truth in Testimony Disclosure Form

In accordance with Rule XI, clause 2(g)(5)* of the *Rules of the House of Representatives*, witnesses are asked to disclose the following information. Please complete this form electronically by filling in the provided blanks.

Committee: House Administration

Subcommittee: _____

Hearing Date: 04/16/2026

Hearing Subject :

Oversight with Secretaries of State: List Maintenance and Eligibility Verification

Witness Name: Scott J. Schwab

Position/Title: Kansas Secretary of State

Witness Type: Governmental Non-governmental

Are you representing yourself or an organization? Self Organization

If you are representing an organization, please list what entity or entities you are representing:

The Office of Kansas Secretary of State

FOR WITNESSES APPEARING IN A NON-GOVERNMENTAL CAPACITY

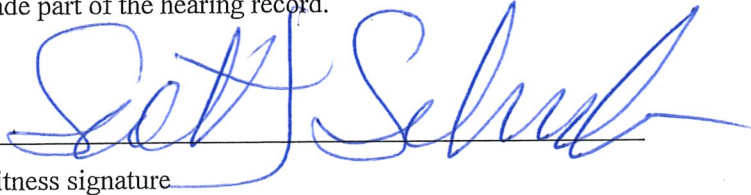
Please complete the following fields. If necessary, attach additional sheet(s) to provide more information.

Are you a fiduciary—including, but not limited to, a director, officer, advisor, or resident agent—of any organization or entity that has an interest in the subject matter of the hearing? If so, please list the name of the organization(s) or entities.

N/A

False Statements Certification

Knowingly providing material false information to this committee/subcommittee, or knowingly concealing material information from this committee/subcommittee, is a crime (18 U.S.C. § 1001). This form will be made part of the hearing record.



Witness signature

Date