

[Print this form](#) or [Go Back](#)



**Campaign Finance  
Statement of Organization  
For Political Action Committees  
And Party Committees**

Governmental Ethics Commission  
109 W. 9th, Suite 504  
Topeka, KS 66612  
Phone (785) 296-4219  
Fax (785) 296-2548  
[www.kansas.gov/ethics](http://www.kansas.gov/ethics)

This is a (Check one)    **Party Committee**    **PAC**

This is an (Check one)    **Initial Appointment**    **Amended Statement**

**Committee**

Name: **Kansas Beer Wholesalers Association BeerPAC**

Address: **PO Box 4108**

Address2:

City: **Topeka** State: **KS** Zip: **66604**

Business Phone: **(785) 617-0036**

Email Address: **rebecca@kansasbeer.com**

**Chairperson**

Name: **Kelly Frakes**

Address: **4435 NW Highway 24**

Address2:

City: **Topeka** State: **KS** Zip: **66618**

Home Telephone: Business Phone: **(785) 234-8611**

Email Address: **kellyfrakes@kansasbeer.com**

**Treasurer**

Name: **Rebecca Rice**

Address: **PO Box 4108**

Address2:

City: **Topeka** State: **KS** Zip: **66604**

Home Telephone: Business Phone: **(785) 617-0036**

Email Address: **rebecca@kansasbeer.com**

**Affiliated or Connected  
Organizations**

Name: **Kansas Beer Wholesalers Association, Inc.**

Address: **PO Box 4108**

Address2:

City: **Topeka** State: **KS** Zip: **66604**

If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

**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.**

Executed on:

Date: **1/5/2013 5:17:48 PM** Signature of Chairperson: **Kelly Frakes**

[Print this form](#) or [Go Back](#)

RECEIVED

# STATEMENT OF ORGANIZATION

NOV 14 2012

## 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 Beer Wholesalers Association Beer PAC		
Mailing Address (Street, City, State, Zip Code)	PO Box 4108, Topeka, KS 66604		Business Telephone ( 785 ) 617-0036

### CHAIRPERSON

Name	Kelly Frakes		Home Telephone ( 785 ) 286-7324
Mailing Address (Street, City, State, Zip Code)	4435 NW Highway 24, Topeka, KS 66618		Business Telephone ( 785 ) 234-8611

### TREASURER

Name	Rebecca Rice		Home Telephone ( 785 ) 271-0836
Mailing Address (Street, City, State, Zip Code)	PO Box 4108, Topeka, KS 66604		Business Telephone ( 785 ) 617-0036

### AFFILIATED OR CONNECTED ORGANIZATIONS

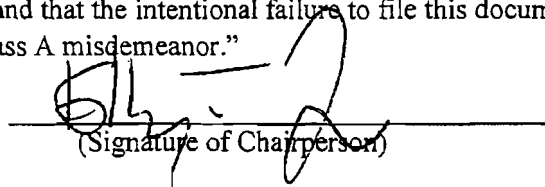
Name	Kansas Beer Wholesalers Association		
Mailing Address (Street, City, State, Zip Code)	PO Box 4108, Topeka, KS 66604		

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."

11-8-12  
(Date)

  
(Signature of Chairperson)

# STATEMENT OF ORGANIZATION

## FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

**RECEIVED**

(See Reverse Side For Instructions)

This is a (check one)

☐

Party Committee

☒

Political Action Committee

This is an (check one)

☐

Initial Statement

☒

Amended Statement

**KS** Governmental Ethics Commission

**NOV 09 2012**

### COMMITTEE

(PLEASE TYPE OR PRINT)

Name **Kansas Beer Wholesalers Association Beer PAC**

Mailing Address (Street, City, State, Zip Code)  
**PO Box 4108, Topeka, KS 66604**

Business Telephone  
( **785** ) **617-0036**

### CHAIRPERSON

Name  
**Kelly Frakes**

Home Telephone  
( **785** ) **286-7324**

Mailing Address (Street, City, State, Zip Code)  
**4435 NW Highway 24, Topeka, KS 66618**

Business Telephone  
( **785** ) **234-8611**

### TREASURER

Name  
**Rebecca Rice**

Home Telephone  
( **785** ) **271-0836**

Mailing Address (Street, City, State, Zip Code)  
**PO Box 4108, Topeka, KS 66604**

Business Telephone  
( **785** ) **617-0036**

### AFFILIATED OR CONNECTED ORGANIZATIONS

Name  
**Kansas Beer Wholesalers Association**

Mailing Address (Street, City, State, Zip Code)  
**PO Box 4108, Topeka, KS 66604**

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."

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Chairperson)

# STATEMENT OF ORGANIZATION

FOR  
FILED

NOV 02 2009

RON THORNE  
SECRETARY OF STATE

## 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)

Name **Kansas Beer Wholesalers Association Beer PAC**

Mailing Address (Street, City, State, Zip Code)  
**6710 SW Dancaster Road, Topeka, KS 66610**

Business Telephone  
( 785 ) 232-1230

### CHAIRPERSON

Name **Kelly Frakes**

Home Telephone  
( 785 ) 286-7324

Mailing Address (Street, City, State, Zip Code)  
**4435 NW Highway 24, Topeka, KS 66618**

Business Telephone  
( 785- ) 234-8611

### TREASURER

Name **Neal Whitaker**

Home Telephone  
( 785 ) 215-8082

Mailing Address (Street, City, State, Zip Code)  
**6710 SW Dancaster Road, Topeka, KS 66610**

Business Telephone  
( 785 ) 232-1230

### AFFILIATED OR CONNECTED ORGANIZATIONS

Name **Kansas Beer Wholesalers Association**

Mailing Address (Street, City, State, Zip Code)  
**6710 SW Dancaster Road, Topeka, KS 66610**

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."

(Date)

(Signature of Chairperson)