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**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

This is a (Check one) ☐ Party Committee ☒ PAC

This is an (Check one) ☐ Initial Appointment ☒ Amended Statement

Committee

Name: **KANSAS STAR CASINO EMPLOYEE PAC**

Address: **777 KANSAS STAR DRIVE**

Address2:

City: **MULVANE** State: **KS** Zip: **67110**

Business Phone: **(563) 690-4975**

Email Address: **karen.beetem@peninsulagaming.com**

Chairperson

Name: **JONATHAN SWAIN**

Address: **600 STAR BREWERY DRIVE**

Address2:

City: **DUBUQUE** State: **IA** Zip: **52001**

Home Telephone: Business Phone: **(563) 690-4986**

Email Address: **jonathan.swain@peninsulagaming.com**

Treasurer

Name: **NATALIE SCHRAMM**

Address: **600 STAR BREWERY DRIVE**

Address2:

City: **DUBUQUE** State: **IA** Zip: **52001**

Home Telephone: Business Phone: **(563) 690-4977**

Email Address: **natalie.schramm@peninsulagaming.com**

**Affiliated or Connected
Organizations**

Name: **Kansas Star Casino**

Address: **777 Kansas Star Drive**

Address2:

City: **Mulvane** State: **KS** Zip: **67110**

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: **6/5/2012 12:16:25 PM** Signature of Chairperson: **Jonathan Swain**

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FILED**FEB 24 2012**KRIS W. KOBACH
SECRETARY OF STATE**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 type="checkbox"/> Amended Statement

COMMITTEE

(PLEASE TYPE OR PRINT)

Name **Kansas Star Casino Employee PAC**Mailing Address (Street, City, State, Zip Code)
777 Kansas Star Drive, Mulvane, KS 67110Business Telephone
(316) 558-5710**CHAIRPERSON**Name **Jonathan Swain**Home Telephone
(563) 580-7467Mailing Address (Street, City, State, Zip Code)
600 Star Brewery Dr, Dubuque, IA 52001Business Telephone
(563) 690-4986**TREASURER**Name **Natalie Schramm**Home Telephone
(563) 590-2355Mailing Address (Street, City, State, Zip Code)
600 Star Brewery Dr, Dubuque, IA 52001Business Telephone
(563) 690-4977**AFFILIATED OR CONNECTED ORGANIZATIONS**Name **Kansas Star Casino**Mailing Address (Street, City, State, Zip Code)
777 Kansas Star Drive, Mulvane, KS 67110

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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."

2/24/2012
(Date)
(Signature of Chairperson)