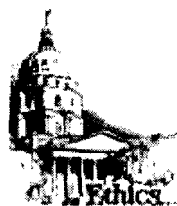


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**Campaign Finance
Statement of Organization
For Political Action Committees
And Party Committees**

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 Beer Wholesalers Association**

Address: **100 SE 9th Ave, Suite 100**

Address2:

City: **Topeka** State: **KS** Zip: **66612**

Business Phone: **(785) 408-8087**

Email Address: **hannah@wsks.us**

Chairperson Name: **Bill Goodlatte**

Address: **100 SE 9th Ave**

Address2: **Suite 100**

City: **TOPEKA** State: **KS** Zip: **66612**

Home Telephone: **(785) 408-8087** Business Phone: **(785) 408-8087**

Email Address: **bgoodlatte@ldfcompanies.com**

Treasurer Name: **Jason Watkins**

Address: **100 SE 9th Ave, Ste 100**

Address2:

City: **Topeka** State: **KS** Zip: **66612**

Home Telephone: Business Phone: **(785) 408-8087**

Email Address: **jason@wsks.us**

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

Connected Address: **100 SE 9th Ave**

Organizations Address2: **Suite 100**

City: **TOPEKA** State: **KS** Zip: **66612**

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: **11/20/2014 1:56:56 PM** Signature of Chairperson: **Bill Goodlatte**

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STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

RECEIVED

JAN 10 2013

KRIS W. KOBACH
SECRETARY OF STATE

(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)

Business Telephone

100 SE 9th Ave, Suite 100 Topeka, KS 66612 (785) 408-8087

CHAIRPERSON

Name

Bill Goodlatte

Home Telephone

(785) 408-8866

Mailing Address (Street, City, State, Zip Code)

Business Telephone

100 SE 9th Ave, Suite 100 Topeka, KS 66612 (785) 408-8087

TREASURER

Name

Jason Watkins

Home Telephone

(785) 408-8866

Mailing Address (Street, City, State, Zip Code)

Business Telephone

100 SE 9th Ave, Suite 100 Topeka, KS 66612 (785) 408-8087

AFFILIATED OR CONNECTED ORGANIZATIONS

Name

Kansas Beer Wholesalers Association, Inc.

Mailing Address (Street, City, State, Zip Code)

100 SE 9th Ave, Suite 100 Topeka, KS 66612

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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."

January 9, 2014
(Date)

Bill Goodlatte
(Signature of Chairperson)

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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**

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Executed on:

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

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