

# 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

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JAN 20 2015

Gov. Ethics Commission

### COMMITTEE

(PLEASE TYPE OR PRINT)

Name Kansas Chamber of Commerce Political Action Committee

Mailing Address (Street, City, State, Zip Code)  
835 SW Topeka Blvd; Topeka, KS 66610

Business Telephone  
( 785 ) 357-6321

### CHAIRPERSON

Name  
Amanda Adkins

Home Telephone  
( )

Mailing Address (Street, City, State, Zip Code)  
835 SW Topeka Blvd; Topeka, KS 66610

Business Telephone  
( 785 ) 357-6321

### TREASURER

Name  
Christie Kriegshauser

Home Telephone  
( 913 ) 548-8255

Mailing Address (Street, City, State, Zip Code)  
835 SW Topeka Blvd; Topeka, KS 66610

Business Telephone  
( 785 ) 357-6321

### AFFILIATED OR CONNECTED ORGANIZATIONS

Name  
Kansas Chamber of Commerce

Mailing Address (Street, City, State, Zip Code)  
835 SW Topeka Blvd; Topeka, KS 66610

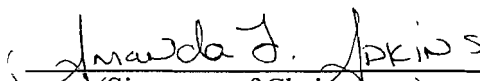
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

### 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."

1-19-2015

(Date)

  
(Signature of Chairperson)

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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](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 Chamber PAC**  
Address: **835 SW Topeka Blvd**  
Address2:  
City: **Topeka** State: **KS** Zip: **66612**  
Business Phone: **(785) 357-6321**  
Email Address: **christiek@kansaschamber.org**

**Chairperson**

Name: **Justin Hill**  
Address: **835 SW Topeka Blvd**  
Address2:  
City: **Topeka** State: **KS** Zip: **66612**  
Home Telephone: Business Phone:  
Email Address: **justinhill@lpco.net**

**Treasurer**

Name: **Christie Kriegshauser**  
Address: **835 SW Topeka Blvd**  
Address2:  
City: **Topeka** State: **KS** Zip: **66612**  
Home Telephone: Business Phone: **(913) 548-8255**  
Email Address: **christiek@kansaschamber.org**

**Affiliated or Connected Organizations**

Name: **Kansas Chamber of Commerce**  
Address: **835 SW Topeka Blvd**  
Address2:  
City: **Topeka** State: **KS** Zip: **66612**

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**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: **7/31/2013 4:50:08 PM** Signature of Chairperson: **Justin Hill**

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