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	Campaign FinanceGovernmental Ethics CommissionStatement of Organization109 W. 9th, Suite 504For Political Action CommitteesPhone (785) 296-4219And Party CommitteesFax (785) 296-2548www.kansas.gov/ethics
	This is a (Check one) 🛛 Party Committee 🔮 PAC
	This is an (Check one) 🕊 Initial Appointment 🧹 Amended Statement
Committee	Name: Kansas Beverage Association Political Action Committee Address: 5845 SW 29th Street Address2: City: Topeka State: KS Zip: 66614-2462 Rusiness Dhane: (795) 272 1441
	Business Phone: (785) 273-1441 Email Address: rhein@heinlaw.com
Chairperson	Name: Mike Berry
enan percent	Address: 435 SE 70th Street
	Address2:
	City: Topeka State: KS Zip: 66619
	Home Telephone: Business Phone: (785) 232-9372
	Email Address: miberry@coca-cola.com
Treasurer	Name: Ronald Hein
	Address: 5845 SW 29th Stree34t
	Address2:
	City: Topeka State: KS Zip:66614-2462
	Home Telephone: Business Phone:(785) 273-1441
	Email Address: rhein@heinlaw.com
Affiliated or Connected Organizations	Name: Kansas Beverage Association
	Address: 5845 SW 29th Street
	Address2:
	City: Topeka State: KS Zip: 66614-2462
	If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.
	his statement has been examined by me and to the best of my knowledge and belief is true, correct I understand that the intentional failure to file this document or intentionally filing a false document is lemeanor.

Date: 10/14/2014 1:23:00 PM Signature of Chairperson: Mike Berry by Deb Boss

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Name Kansas	Beverage Associ	ation Political Action	Committee	<u>.</u>
	s (Street, City, State h Street, Topeka,		Business Telepho (785) 273-1	
CHAIRPERSO	N	(
Name Mike Be	erry		Home Telephone (785)221-7	765
	s (Street, City, State 516, Topeka, KS 6		Business Telepho (785) 233-9	me
ke,	<u></u>		(100) 2000	
TREASURER Name	<u></u>		Home Telephone	
Ronald	R. Hein			3869
	: (Street, City, State th, Topeka, KS		Business Telepho (785) 273-	
AFFILIATED O	R CONNECTED C	RGANIZATIONS		
Name				
Mailing Address	(Street, City, State	, Zip Code)		
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SIGNATURE: "I declare that this	s statement has bee:	n examined by me and t	to the best of my knowledge	and
belief is true, corr	ect and complete.		entional failure to file this c	
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<u> 2/ 9/11</u> (Date)		(Signati	ire of Chairperson)	

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