

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 checked="" type="checkbox"/> Amended Statement

COMMITTEE

(PLEASE TYPE OR PRINT)

Name

Kansas Cable TV PAC

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

900 S Kansas Ave, Suite 300 Topeka, KS 66612

Business Telephone

(785) 290-0018

CHAIRPERSON

Name

Kurt David

Home Telephone

(785) 865-0996

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

2703 Hall Street, Suite 15, Hays, KS 67601

Business Telephone

(785) 625-4000 ext 5

TREASURER

Name

Ryan Dugan

Home Telephone

(316) 833-6446

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

901 S George Washington Blvd.  
Wichita, KS 67244-3901

Business Telephone

(316) 260-7419

AFFILIATED OR CONNECTED ORGANIZATIONS

Name

Kansas Cable Telecommunications Association

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

900 S Kansas Ave, Suite 300 Topeka, KS 66612

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."

12/15/2015  
(Date)

(Signature of Chairperson)

# 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 checked="" type="checkbox"/> Amended Statement

### COMMITTEE

(PLEASE TYPE OR PRINT)

Name

Kansas Cable TV PAC

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

900 S Kansas Ave, Suite 300 Topeka, KS 66612

Business Telephone

(785) 290-0018

### CHAIRPERSON

Name

Colleen Jennison

Home Telephone

(785) 207-1497 (cell)

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

901 S George Washington Blvd Wichita, KS 67211-3901

Business Telephone

(316) 260-7590

### TREASURER

Name

Jarad Falk

Home Telephone

(816) 886-8618

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

6550 Winchester Ave. Kansas City, Mo 64133

Business Telephone

(816) 222-5391

### AFFILIATED OR CONNECTED ORGANIZATIONS

Name

Kansas Cable Telecommunications Association

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

900 S Kansas Ave, Suite 300 Topeka KS 66612

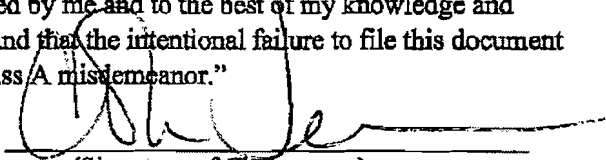
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

### 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."

7-27-15

(Date)



(Signature of Chairperson)

# STATEMENT OF ORGANIZATION

## FOR 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 Cable TV PAC

Mailing Address (Street, City, State, Zip Code) 900 S Kansas Ave, Suite 300 Business Telephone (785) 290-0018  
Topoka, KS 66612

### CHAIRPERSON

Name Coleen Jennison Home Telephone (cell) (785) 207-1497

Mailing Address (Street, City, State, Zip Code) Topoka, KS Business Telephone (785) 215-6720  
931 SW Henderson Rd. 66615

### TREASURER

Name Tarad Falk Home Telephone (816) 886-8618

Mailing Address (Street, City, State, Zip Code) 6550 Winchester Ave. Kansas City, MO Business Telephone (816) 222-5391  
64133

### AFFILIATED OR CONNECTED ORGANIZATIONS

Name Kansas Cable Telecommunications Association

Mailing Address (Street, City, State, Zip Code) 900 S Kansas Ave, Suite 300 Topoka, KS 66612

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."

1-9-15

(Date)

Coleen Jennison  
 (Signature of Chairperson)

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 checked="" type="checkbox"/> Amended Statement

RECEIVED

JUN 30 2014

KS Governmental Ethics Commission

COMMITTEE (PLEASE TYPE OR PRINT)

Name <b>Kansas Cable TV PAC</b>	
Mailing Address (Street, City, State, Zip Code) <b>900 S Kansas Ave Suite 300 Topeka KS 66612</b>	Business Telephone <b>(785) 290-0018</b>

CHAIRPERSON

Name <b>Coleen Jennison</b>	Home Telephone (cell) <b>(785) 207-1497</b>
Mailing Address (Street, City, State, Zip Code) <b>931 SW Henderson Rd. Topeka KS 66615</b>	Business Telephone <b>(785) 215-6720</b>

TREASURER

Name <b>Kurt David</b>	Home Telephone cell <b>(785) 365-0996</b>
Mailing Address (Street, City, State, Zip Code) <b>2703 Hall Street, Suite 15 Topeka KS 66601</b>	Business Telephone <b>(785) 625-4000 ext 5</b>

AFFILIATED OR CONNECTED ORGANIZATIONS

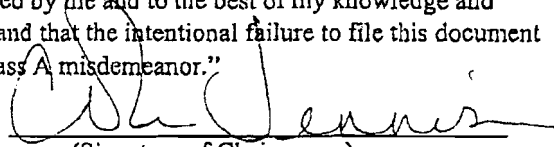
Name <b>Kansas Cable Telecommunications Association</b>	
Mailing Address (Street, City, State, Zip Code) <b>900 S Kansas Ave. Suite 300 Topeka KS 66612</b>	

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."

6-27-14  
(Date)

  
(Signature of Chairperson)

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 checked="" type="checkbox"/>	Amended Statement

**FILED**

**JAN 12 2012**

KRIS W. KOBACH  
SECRETARY OF STATE

COMMITTEE (PLEASE TYPE OR PRINT)

Name Kansas Cable TV PAC

Mailing Address (Street, City, State, Zip Code) 900 S. Kansas Avenue, Suite 300, Topeka, KS 66612	Business Telephone ( 785 ) 290-0018
--	--

CHAIRPERSON

Name Tom Krewson	Home Telephone ( 816 ) 918-9390
---------------------	------------------------------------

Mailing Address (Street, City, State, Zip Code) 4700 Little Blue Pkwy, Independence, MO	Business Telephone ( 816 ) 795-2203
--	--

TREASURER

Name Coleen Jennison	Home Telephone ( 785 ) 207-1497
-------------------------	------------------------------------

Mailing Address (Street, City, State, Zip Code) 931 SW Henderson Rd, Topeka, KS 66615	Business Telephone ( 785 ) 215-6720
--	--

AFFILIATED OR CONNECTED ORGANIZATIONS

Name Kansas Cable Telecommunications Association

Mailing Address (Street, City, State, Zip Code)  
900 S. Kansas Avenue, Suite 300, Topeka, KS 66612

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 | 2 | 12

(Date)



(Signature of Chairperson)