STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

		(See Reverse Side For Instructions)			
	This is a (check one)	Party Committee	Political Action Co	ommittee	
	This is an (check one)	Initial Statement	✓ Amended Stateme		
				KS Governi <mark>menta: Lorics Commissi</mark>	
COMMITTEE		(PLEASE TYPE OF	R PRINT)		
Name Kansa	as Chiropractic Asso	ciation PAC			
Mailing Address (Street, City, State, Zip Code) 1334 S. Topeka Blvd Topeka, KS 66612			Business Telephone (785) 233-0697		
1004 0. 100	oeka Biva Topeka, i	12	(100) 2		
CHAIRPERSO	ON				
Name Dr. Tra	avis Oller		Home Teleph (785) 2	none 234-0900	
Mailing Address (Street, City, State, Zip Code) 1334 S. Topeka Blvd Topeka, KS 66612				Business Telephone () 233-0697	
TREASURER					
Name			Home Teleph	none	
Dr. Sc	cott Risley		, , , , , , ,	214-2780	
	ess (Street, City, State, opeka Blvd Topeka,		Business Te	elephone 233-0697	
AFFILIATED	OR CONNECTED O	RGANIZATIONS	·····		
Name Kansa	as Chiropractic Asso	ciation	_		
	ess (Street, City, State, peka Blvd Topeka, I	• ,			
<u> </u>					
If not connected	or affiliated with an org	anization, identify the tra	ade, profession, or prima	ary interest of the contributors.	
SIGNATURE					
		n examined by me and industrial that the interest of the contract of the contr	_	_	
		nt is a class A misdeme		uns document	
_	_	,			
(Date)	7-/6 (Signature of Chairperson)				
,		(Digitat	are or Champerson)		
Governmental I	Ethics Commission			Rev.2000	

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMIT	TEES
(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 Chiropracticy action Committee	,
Mailing Address (Street, City, State, Zip Code) Business Telephone (785) 233-000	77
CHAIRPERSON	
Name Dr. Travis Oller ()	
Mailing Address (Street, City, State, Zip Code) 1834 5 Topeka Blud Topeka KS (785) 233-069	
TREASURER Lelolo 12	
Name Dr. B. Kerdall Payre ()	
Mailing Address (Street, City, State, Zip Code) Business Telephone 1334 5 Topoka Business Telephone	77
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name Karsas Chiropractic 4550 Ciation	
Mailing Address (Street, City, State, Zip Code) 1334 S. TOPELO BLUD TOPELO KS Ldolo 1	2_
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." 7/22/14 (Date) (Signature of Chairperson)	· :
Governmental Ethics Commission	Rev.2000