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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: **Midwest Automotive Industry Association PAC**

Address: **1016 La Posada Drive**

Address2: **Suite 138**

City: **Austin** State: **TX** Zip: **78752**

Business Phone: **(512) 339-0044**

Email Address: **jim.quinten@apsassociation.com**

Chairperson Name: **Jim Quinten**

Address: **1016 La Posada Drive**

Address2: **Suite 138**

City: **Austin** State: **TX** Zip: **78752**

Home Telephone: **(512) 258-7796** Business Phone: **(512) 339-0044**

Email Address: **jim.quinten@apsassociation.com**

Treasurer Name: **Jim Quinten**

Address: **1016 La Posada Drive**

Address2: **Suite 138**

City: **Austin** State: **TX** Zip: **78752**

Home Telephone: **(512) 258-7796** Business Phone: **(512) 339-0044**

Email Address: **jim.quinten@apsassociation.com**

Affiliated or Connected Organizations Name: **Automotive Parts & Services Association**

Address: **1016 La Posada Drive**

Address2: **Suite 138**

City: **Austin** State: **TX** Zip: **78752**

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: **1/3/2014 3:02:27 PM** Signature of Chairperson: **Jim Quinten**

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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
 SEP 30 2013
 KRIS W. KOBACH
 SECRETARY OF STATE

COMMITTEE (PLEASE TYPE OR PRINT)

Name Midwest Automotive Industry Association PAC

Mailing Address (Street, City, State, Zip Code)	Business Telephone
1016 La Posada Dr., Suite 138, Austin, TX 78752	(512) 339-0044

CHAIRPERSON

Name	Home Telephone
Jim Quinten	(512) 258-7796

Mailing Address (Street, City, State, Zip Code)	Business Telephone
1016 La Posada Dr., Suite 138, Austin, TX 78752	(512) 339-0044

TREASURER

Name	Home Telephone
Jim Quinten	(512) 258-7796

Mailing Address (Street, City, State, Zip Code)	Business Telephone
1016 La Posada DR., Suite 138, Austin, TX 78752	(512) 339-0044

AFFILIATED OR CONNECTED ORGANIZATIONS

Name Automotive Parts & Services Association

Mailing Address (Street, City, State, Zip Code) 1016 La Posada Dr., Suite 138, Austin, TX 78752

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."

9-26-13 (Date)

Jim Quinten (Signature of Chairperson)

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This is a (Check one) Party Committee PAC

This is an (Check one) Initial Appointment Amended Statement

Committee

Name: **Midwest Automotive Industry Association PAC**

Address: **2807 Glovers Ford Rd., Box 1049**

Address2:

City: **Jefferson City** State: **MO** Zip: **65101**

Business Phone: **(573) 658-9356**

Email Address: **clrackers@centurylink.net**

Chairperson

Name: **Carol Rackers**

Address: **2807 Glovers Ford Rd.**

Address2:

City: **Jefferson City** State: **MO** Zip: **65101**

Home Telephone: **(573) 690-5294** Business Phone: **(573) 658-9356**

Email Address: **clrackers@centurylink.net**

Treasurer

Name: **Carol Rackers**

Address: **2807 Glovers Ford Rd.**

Address2:

City: **Jefferson City** State: **MO** Zip: **65101**

Home Telephone: **(573) 690-5294** Business Phone: **(573) 658-9356**

Email Address: **clrackers@centurylink.net**

**Affiliated or
Connected
Organizations**

Name: **Automotive Parts & Services Association**

Address: **2807 Glovers Ford Rd., Box 1049**

Address2:

City: **Jefferson City** State: **MO** Zip: **65101**

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

Automotive Aftermarket Trade Association

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: **1/10/2012 3:53:25 PM** Signature of Chairperson: **Carol Rackers**

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