

STATEMENT OF ORGANIZATION

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Ks Governmental Ethics Commission

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

NOTE change of Treasurer

COMMITTEE

(PLEASE TYPE OR PRINT)

Name	<i>Kansas Chamber of Commerce Political Action Committee</i>	
Mailing Address (Street, City, State, Zip Code)	<i>835 S.W. Topeka Blvd., Topeka, Ks 66612</i>	Business Telephone <i>(785) 357-6321</i>

CHAIRPERSON

Name	<i>Amanda Adkins</i>	Home Telephone ()
Mailing Address (Street, City, State, Zip Code)	<i>835 S.W. Topeka Blvd., Topeka, Ks 66612</i>	Business Telephone <i>(785) 357-6321</i>

TREASURER

Name	<i>Rebecca McCrack</i>	Home Telephone ()
Mailing Address (Street, City, State, Zip Code)	<i>835 S.W. Topeka Blvd., Topeka, Ks 66612</i>	Business Telephone <i>(785) 357-6321</i>

AFFILIATED OR CONNECTED ORGANIZATIONS

Name	<i>The Kansas Chamber of Commerce</i>	
Mailing Address (Street, City, State, Zip Code)	<i>835 S.W. Topeka Blvd., Topeka, Ks 66612</i>	

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."

(Date)

Rebecca McCrack
(Signature of Chairperson)

STATEMENT OF ORGANIZATION

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This is an (check one)	<input type="checkbox"/> Initial Statement	<input checked="" type="checkbox"/> Amended Statement

Note change of treasurer

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 66617
Business Telephone (785) 357-6321

CHAIRPERSON

Name Amanda Adkins Home Telephone ()

Mailing Address (Street, City, State, Zip Code) 835 SW Topeka Blvd., Topeka, KS 66617
Business Telephone ()

TREASURER

Name Kent Beisner Home Telephone ()

Mailing Address (Street, City, State, Zip Code) 835 SW Topeka Blvd., Topeka, KS 66617
Business Telephone (785) 357-6321

AFFILIATED OR CONNECTED ORGANIZATIONS

Name The Kansas Chamber of Commerce

Mailing Address (Street, City, State, Zip Code) 835 S.W. Topeka Blvd., Topeka, KS 66612

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6-19-2015
(Date)

Kent D Beisner
(Signature of Chairperson)

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

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This is an (check one)	<input type="checkbox"/> Initial Statement	<input type="checkbox"/> Amended Statement

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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	

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1-19-2015
(Date)

Amanda J. Adkins
(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

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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