

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

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KS Governmental Ethics Commission

(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 MAIN Street Kansas Political Action Committee	
Mailing Address (Street, City, State, Zip Code) PO Box 781717, Wichita, KS 67206	Business Telephone ()

CHAIRPERSON

Name Travis Oliver	Home Telephone ()
Mailing Address (Street, City, State, Zip Code) 3801 West 6th Street; Lawrence, KS 66049	Business Telephone ()

TREASURER

Name Rebecca McCormack	Home Telephone ()
Mailing Address (Street, City, State, Zip Code) PO Box 781717, Wichita, KS 67206	Business Telephone ()

AFFILIATED OR CONNECTED ORGANIZATIONS

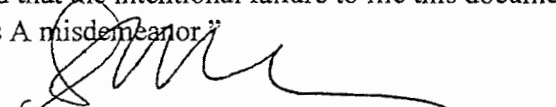
Name Kansas Chamber of Commerce
Mailing Address (Street, City, State, Zip Code) 835 SW Topeka Blvd

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."

7/20/2016
(Date)


(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: **MAIN Street Kansas Political Action Committee**

Address: **PO Box 1713**

Address2:

City: **Topeka** State: **KS** Zip: **66610**

Business Phone: **(316) 252-6987**

Email Address:

Chairperson Name: **Amanda Adkins**

Address: **835 SW Topeka Boulevard**

Address2:

City: **Topeka** State: **KS** Zip: **66612**

Home Telephone: Business Phone:

Email Address: **rebeccam@kansaschamber.org**

Treasurer Name: **Rebecca McCormack**

Address: **835 SW Topeka Boulevard**

Address2:

City: **Topeka** State: **KS** Zip: **66612**

Home Telephone: Business Phone:

Email Address: **rebeccam@kansaschamber.org**

Affiliated or Connected Organizations Name: **Kansas Chamber of Commerce**

Address: **835 SW Topeka Boulevard**

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: **1/6/2016 3:14:01 PM** Signature of Chairperson: **Amanda Adkins**

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