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**Campaign Finance
Statement of Organization
For Political Action Committees
And Party Committees**

Governmental Ethics Commission
901 S. Kansas Ave.
Topeka, KS 66612
Office (785) 296-4219
Fax (785) 296-2548
ethics.kansas.gov

This is a (Check one) Party Committee PAC

This is an (Check one) Initial Appointment Amended Statement

Committee Name: **Kansas Chiropractic Association PAC**

Address: **1334 SW TOPEKA BLVD**

Address2:

City: **TOPEKA** State: **KS** Zip: **66612**

Business Phone: **(785) 233-0697**

Email Address: **travis@kansaschiro.com**

Chairperson Name: **Travis Oller**

Address: **1408 S Topeka Blvd**

Address2:

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

Home Telephone: Business Phone: **(785) 233-0697**

Email Address: **travis@kansaschiro.com**

Treasurer Name: **Scott Risley**

Address: **1334 SW TOPEKA BLVD**

Address2:

City: **TOPEKA** State: **KS** Zip: **66612**

Home Telephone: Business Phone: **(785) 233-0697**

Email Address: **KCA@kansaschiro.com**

Affiliated or Connected Organizations Name: **Kansas Chiropractic Association**

Address: **1334 SW TOPEKA BLVD**

Address2:

City: **TOPEKA** State: **KS** Zip: **66612**

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: **7/9/2018 1:46:20 PM** Signature of Chairperson: **Travis R. Oller, DC**

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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

RECEIVED

JUN 22 2016

KS Governmental Ethics Commission

COMMITTEE

(PLEASE TYPE OR PRINT)

Name Kansas Chiropractic Association PAC	
Mailing Address (Street, City, State, Zip Code) 1334 S. Topeka Blvd Topeka, KS 66612	Business Telephone (785) 233-0697

CHAIRPERSON

Name Dr. Travis Oller	Home Telephone (785) 234-0900
Mailing Address (Street, City, State, Zip Code) 1334 S. Topeka Blvd Topeka, KS 66612	Business Telephone () 233-0697

TREASURER

Name Dr. Scott Risley	Home Telephone (816) 214-2780
Mailing Address (Street, City, State, Zip Code) 1334 S. Topeka Blvd Topeka, KS 66612	Business Telephone (785) 233-0697

AFFILIATED OR CONNECTED ORGANIZATIONS

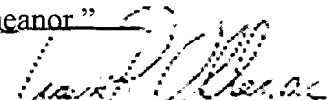
Name Kansas Chiropractic Association
Mailing Address (Street, City, State, Zip Code) 1334 S. Topeka Blvd Topeka, KS 66612

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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"

6-17-16
(Date)


(Signature of Chairperson)