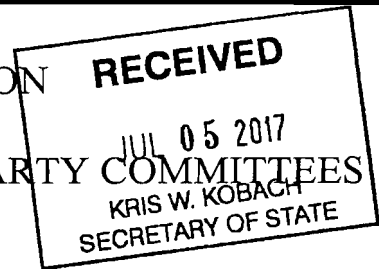


STATEMENT OF ORGANIZATION  
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES



(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

COMMITTEE (PLEASE TYPE OR PRINT)

Name Kansas Chamber Jobs PAC

Mailing Address (Street, City, State, Zip Code)  
835 SW Topeka Blvd Topeka, KS 66612

Business Telephone  
( 785 ) 357-6321

CHAIRPERSON

Name Korb Maxwell

Home Telephone  
( 816 ) 360-4327

Mailing Address (Street, City, State, Zip Code)  
900 W. 48th Place, Suite 900 Kansas City, MO 64112

Business Telephone  
( 816 ) 360-4327

TREASURER

Name Jennifer Baysinger

Home Telephone  
( 316 ) 706-6600

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

Business Telephone  
( 316 ) 706-6600

AFFILIATED OR CONNECTED ORGANIZATIONS

Name Kansas Chamber of Commerce

Mailing Address (Street, City, State, Zip Code)  
835 SW Topeka Blvd Topeka, KS 66612

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."

6/30/17

(Date)

(Signature of Chairperson)

# STATEMENT OF ORGANIZATION

## FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

This is a (check one) ☐ Party Committee ☒ Political Action Committee  
 This is an (check one) ☐ Initial Statement ☒ Amended Statement

*Note Change of Treasurer*

### COMMITTEE

(PLEASE TYPE OR PRINT)

Name

*Kansas Chamber JOBS PAC*

Mailing Address (Street, City, State, Zip Code)

*835 S.W. Topeka Blvd., Topeka, KS 66612*

Business Telephone

*(785) 357-6321*

### CHAIRPERSON

Name

*Amanda Adkins*

Home Telephone

*( )*

Mailing Address (Street, City, State, Zip Code)

*(Same as above)*

Business Telephone

*( )*

### TREASURER

Name

*Rebecca McCormack*

Home Telephone

*( )*

Mailing Address (Street, City, State, Zip Code)

*(Same as above)*

Business Telephone

*( )*

### AFFILIATED OR CONNECTED ORGANIZATIONS

Name

*The Kansas Chamber of Commerce*

Mailing Address (Street, City, State, Zip Code)

*(Same as above)*

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)

(Signature of Chairperson)