STATEMENT OF ORGANIZATION RECEIVED

FOR PC	LITICAL ACTI	ON COMMITTEES	AND PARTY COM	5 2017 MITTEES KOBACHEES BY OF STATE					
(See Reverse Side For Instructions) KRIS W. KOBACIT SECRETARY OF STATE									
	This is a (check one)	Party Committee	Political Action Committee						
	This is an (check one)	Initial Statement	Amended Statement						
COMMITTEE (PLEASE TYPE OR PRINT)									
Name Kansas Chamber Jobs PAC									
_	ss (Street, City, State, eka Blvd Topeka, K	- /	Business Telephone (785) 357-6321						
CHAIRPERSO)N								
Name Korb N	f axwell	Home Telephone (816) 360-4327							
	ss (Street, City, State, Place, Suite 900 Ka	Zip Code) ansas City, MO 64112	Business Telephone (816) 360-4327						
TREASURER									
Name Jennife	er Baysinger		Home Telephone (316) 706-6600)					
	ss (Street, City, State, peka Blvd. Topeka,	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.									
belief is true, co	orrect and complete. I		ne best of my knowledge and onat failure to the this docur						
(Date)		(Signature	of Chairperson)	_					

Governmental Ethics Commission

Rev.2000

STATEMENT OF ORGANIZATION

RECEIVED

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

		- Commission			
	This is a (check one)	Party Committee	Political Actio		• •
	This is an (check one)	Initial Statement	Amended Stat	tement of Trea	siner_
				0	_
COMMITTEE	<u> </u>	(PLEASE TYPE OF	R PRINT)		
Name Kan	sas Chamber	JOBS PA	9C		
Mailing Addre	ss (Street, City, State, S. W. Torreka Bl	Zip Code) vd., Topeka, K5	Business (785)	Telephone 357-632	4
CHAIRPERSO		66	612		
Name Aman	da Adkins		Home Tel	ephone	
	ss (Street, City, State, e as above)	Zip Code)	Business (Telephone	
TREASURER					
Name Rebe	cca McCor	mack	Home Tel	ephone)	
	ss (Street, City, State, Ne as abore		Business (Telephone	
AFFILIATED	OR CONNECTED O	RGANIZATIONS			
Name The Ko	ansas Chambe	er of Commerc	· ·		
	es (Street, City, State, time as above				
If not connected o	r affiliated with an orga	nization, identify the trad	de, profession, or pri	mary interest of th	e contributors.
					
SIGNATURE:					
		examined by me and to understand that the inte		•	
•	-	t is a class A misdemea	por."	1	
(Date)		(Signatur	re of Chairperson)		
Governmental Et	hics Commission				Rev.2000